

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

COPY

DOCUMENT # L80338 1. Entity Name ZVONIMIR T. BELFRANIN, INC.	
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Principal Place of Business 4836 SW 74TH CT MIAMI, FL 33155	Mailing Address 4836 SW 74TH CT MIAMI, FL 33155
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DO NOT WRITE IN THIS SPACE



01022008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0207996	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BELFRANIN, ZVONIMIR T.
6405 BANOS CT
CORAL GABLES, FL 33134

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000916609 05/13/08-80008-001 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BELFRANIN, LOURDES 3405 BANOS CT CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BELFRANIN, ZVONIMIR T. 3405 BANOS CT CORAL GABLES, FL 33134
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **4-21-08** **305 669 0255**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #