

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90040 014 ***150.00

DOCUMENT # M42795

1. Entity Name
ZEITS FLORIDA CORPORATION



Principal Place of Business
**201 CRANDON BLVD., #407, PH 1
KEY BISCAVNE, FL 33149**

Mailing Address
**8360 WEST FLAGLER STREET., #200
MIAMI, FL 33144**

40010787



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2745758

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RIOS, LUIS O CPA
8360 WEST FLAGLER STREET., #200
MIAMI, FL 33144**

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RAVARD, FRANCISCO
STREET ADDRESS ~~201 CRANDON BLVD., #407, PH 1~~ **799 CRANDON BLVD**
CITY-ST-ZIP KEY BISCAVNE, FL 33149 **APT 404**

TITLE D
NAME OYARZABAL DE RAVARD, A
STREET ADDRESS ~~201 CRANDON BLVD., #407, PH 1~~ **799 CRANDON BLVD**
CITY-ST-ZIP KEY BISCAVNE, FL 33149 **APT 404**

TITLE D
NAME RAVAR, FRANOISCO A
STREET ADDRESS ~~201 CRANDON BLVD., #407, PH 1~~ **799 CRANDON BLVD**
CITY-ST-ZIP KEY BISCAVNE, FL 33149 **APT 404**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 the empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-2005
Date

305-361-5344
Daytime Phone #