


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90028 029 ***155.00

DOCUMENT # M42795 1. Entity Name ZEITS FLORIDA CORPORATION	
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Principal Place of Business 201 CRANDON BLVD., #407, PH 1 KEY BISCAINE, FL 33149	Mailing Address 8360 WEST FLAGLER STREET., #200 MIAMI, FL 33144
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50000896



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2745758	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAVARD, FRANCISCO 799 CRANDON BOULEVARD #404 KEY BISCAINE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OYARZABAL DE RAVARD, A 799 CRANDON BOULEVARD #404 KEY BISCAINE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAVARD, FRANCISCO A 799 CRANDON BOULEVARD #404 KEY BISCAINE, FL 33149
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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 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:  **FRANCISCO RAVARD** **1/15/07** **3053615344**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #