

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001827

FILED  
Apr 14, 2007  
Secretary of State

Entity Name: ZO'S FUND FOR LIFE, INC.

## Current Principal Place of Business:

2665 S. BAYSHORE DRIVE  
SUITE M-103  
COCONUT GROVE, FL 33133

## New Principal Place of Business:

6619 S. DIXIE HIGHWAY  
PMB 382  
MIAMI, FL 33143

## Current Mailing Address:

PO BOX 330110  
COCONUT GROVE, FL 33233

## New Mailing Address:

FEI Number: 52-2302989

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KAMENESH, PETER Z  
2601 S. BAYSHORE DRIVE  
SUITE 1401  
COCONUT GROVE, FL 33133 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MOURNING, ALONZO  
Address: 3525 ANCHORAGE WAY  
City-St-Zip: COCONUT GROVE, FL 33133

Title: D ( ) Delete  
Name: FURST, ALLEN  
Address: 3540 ROYAL PALM AVE  
City-St-Zip: COCONUT GROVE, FL 33133

Title: D ( ) Delete  
Name: TRACY, MOURNING  
Address: 2665 S. BAYSHORE DRIVE, SUITE M-103  
City-St-Zip: COCONUT GROVE, FL 33133

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALONZO MOURNING

D

04/14/2007

Electronic Signature of Signing Officer or Director

Date