

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001827

FILED
Apr 23, 2008
Secretary of State

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

Current Principal Place of Business:

6619 S. DIXIE HIGHWAY
PMB 382
MIAMI, FL 33143

New Principal Place of Business:

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: D (X) Change () Addition
Name: FURST, ALLEN
Address: 6619 S. DIXIE HIGHWAY, PMB 382382
City-St-Zip: MIAMI, FL 33143

Title: D (X) Change () Addition
Name: TRACY, MOURNING
Address: 6619 S. DIXIE HIGHWAY, PMB
City-St-Zip: MIAMI, FL 33143

I hereby certify that the information supplied with this filing does not qualify 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: ALLEN S. FURST

D

04/23/2008

Electronic Signature of Signing Officer or Director

Date