

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # N04000000500

1. Entity Name
ZAWECA, INC.



Principal Place of Business
**2121 JUANITA AVE.
FT. PIERCE, FL 34946**

Mailing Address
**PO BOX 1296
FORT PIERCE, FL 34954**



03202007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0608835

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILSON, JENNIFER L
2121 JUANITA AVE.
FT. PIERCE, FL 34946**

**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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
MUGALA, NATHAN M REV.
P.O. BOX 1296
FT. PIERCE, FL 34954**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MUGALA, NATHAN M REV.
P.O. BOX 1296
FT. PIERCE, FL 34954**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COO
WILSON, JENNIFER L
P.O. BOX 2735
FT. PIERCE, FL 34954**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
WILSON, JENNIFER L
P.O. BOX 2735
FT. PIERCE, FL 34954**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
INGRAM, RONALD E
40 15TH ST. NE
WASHINGTON, DC 20002**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROSS, FRAN O
101 N. US 1, STE. 118
FT. PIERCE, FL 34950**

**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 617, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 20, 2007 (772) 408-7003

Date

Daytime Phone #