


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N98000005162	
<b>1. Entity Name</b> ZEBRAS F.C., INC.	

<b>Principal Place of Business</b> 2555 COLLINS AVENUE, #614 MIAMI BEACH, FL 33140	<b>Mailing Address</b> 2555 COLLINS AVENUE, #614 MIAMI BEACH, FL 33140
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**DO NOT WRITE IN THIS SPACE**



04292004 No Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b> 65-0863284	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  DOINO, PAOLO 2555 COLLINS AVENUE APT 2008 MIAMI BEACH, FL 33140
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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**

4-30-04

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

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

000000153000  
05/04/04-80108-023 70.00

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD DOINO, PAOLO 2555 COLLINS AVE., SUITE 2008 MIAMI BEACH, FL 33140
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VSTD MARANDI, GRAZIELLA 2555 COLLINS AVE., SUITE 2008 MIAMI BEACH, FL 33140
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	ST FRAGA, JOSEPH A 2555 COLLINS AVE., SUITE 2008 MIAMI BEACH, FL 33140
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), 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

4-30-04 3057856256  
Date Daytime Phone #