

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90352 010 ***150.00

DOCUMENT # P00000041755



1. Entity Name
ZAAX GROUP, INC.

Principal Place of Business
**10481 N. KENDALL DR.
STE D-201
MIAMI FL 33176**

Mailing Address
**10481 N. KENDALL DR.
STE D-201
MIAMI FL 33176**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1003519**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARGUELO, ANA
10481 N. KENDALL DR.
STE D-201
MIAMI FL 33176**

Name **Arguello-Zaldana, Ana**

Street Address (P.O. Box Number is Not Acceptable)
8621 SW 93RD CT

City **Miami** **FL** Zip Code **33173**

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

04-25-03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE - NAME	DP	<input type="checkbox"/> Delete
STREET ADDRESS	ARGUELLO-ZALDANA, ANA	
CITY - ST - ZIP	10481 N. KENDALL DR. MIAMI FL 33176	
TITLE - NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	ZALDANA, OSCAR	
CITY - ST - ZIP	10481 N. KENDALL DR. MIAMI FL 33176	
TITLE - NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	PREUSS-KUEHNE, AXEL	
CITY - ST - ZIP	10481 N. KENDALL DR. MIAMI FL 33176	
TITLE - NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE - NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

TITLE - NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8621 SW 93RD CT
CITY - ST - ZIP	Miami, FL 33173
TITLE - NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8621 SW 93RD CT
CITY - ST - ZIP	Miami, FL 33173
TITLE - NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	177 Ocean Lane Drive #101
CITY - ST - ZIP	Key Biscayne, FL 33149
TITLE - NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE - NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-03 (805) 291-3053

Date

Daytime Phone #

CR2E034 (10/02)