## 2004 FOR PROFIT CORPORATION

**FILED** Apr 19, 2004 08:00 AM

ANNUAL REPURI					Secretary of Stat			
DOCUMENT # P00000084040  1. Entity Name IVON & ZENOBIA, CORP.					50	ecretary o	ı Stat	
Principal Place 11521 S.W. MIAMI, FL 3	175TH STREET	Mailing Address 11521 S.W. 175TH STREET MIAMI, FL 33157	,					
DO NOT WRITE IN THIS SPAC			<u>.                                      </u>	01072004	No Chg-P	CR2E034 (10/03)		
			CE	4. FEI Numb 65-103	er	Ap		
	6. Name and Address of Current Re	gistered Agent		<u> </u>		· · · · · · · · · · · · · · · · · · ·		
GARCIA, ZENOBIA 11521 S.W. 175TH STREET MIAMI, FL 33157				-	NOT W			
			energy of the second se	114	IIIIO OF	ACL		
	named entity submits this statement for tions of registered agent.	he purpose of changing its register	ed office or register	red agent, or bo	th, in the State of Fic	orida. I am familiar with,	and accept	
SIGNATURE_	Signature, hyped or printed name of registered agent and	if the if applicable. (NOTE, Registers	d Agent signature requirer	o when reinstaling)		DATE	`	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	ncing _ \$5	.00 May Be	Unon	. 6	· · · · · · · · · · · · · · · · · · ·		
10.	OFFICERS AND D	RECTORS				: <u>00117148 —                                   </u>	150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZENOBIA, GARCIA 11521 S.W. 1757H STREET MIAMI, FL 33157				O IT LOF C	,, 50000 50;	100.00	
TITLE NAME	mirwit, L 33737	. <del></del>	<b>-</b> - ·					
STREET ADDRESS Caty - ST - ZIP		·						
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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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-15-06

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