2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000085005

1. Entity Name

ZAVALA ENTERPRISES, INC.



Principal Place of Business

1205 MARIPOSA AVE., #202 CORAL GABLES, FL 33146 Mailing Address

1205 MARIPOSA AVE., #202 CORAL GABLES, FL 33146 FILED Feb 12, 2007 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

01192007 No Chg-P CR2E034 (11/05)

 4. FEI Number
 Applied For

 65-1038663
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, MERCEDES 1205 MARIPOSA AVE., #202 CORAL GABLES, FL 33146

SIGNATURE:

DO NOT WRITE

| | | | | <u> 1865 (1984) an Royal (1985) (1985) an Early (1986) a</u> |
|---|--|-------|---|--|
| 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 | | | Registered Agent signature required when reinstating) | DATE |
| FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution. | | | - - +0.00 (ma) 50 | |
| 10. | OFFICERS AND DIREC | CTORS | | 经产品的复数配准性的 网络克尔 沙鸡 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PEREZ, MERCEDES 1205 MARIPOSA AVE., #202 CORAL GABLES, FL 33146 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | 000000631080 02/20/07+80033+009-150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | DÓ | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | No. | THIS SPACE |
| NAME STREET ADDRESS CITY-ST-ZIP | | . • | | |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP | ~ | | | |
| 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 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. | | | | |