

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90279 021 \*\*\*150.00

DOCUMENT # P00000089641

1. Entity Name  
ZICARO SERVICES, INC.



Principal Place of Business

2960 NW COMMERCE PK.  
~~BOCA RATON, FL 33432~~

Mailing Address

2960 NW COMMERCE PK.  
~~BOCA RATON, FL 33432~~

Boynton Beach, FL 33426

Boynton Beach, FL 33426

94054530



03252004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1050373

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LABELLE, PAULA M  
~~303 NW 1 AVENUE~~ 2960 N.W. Commerce Bldg Dr  
~~BOCA RATON, FL 33432~~ Boynton, Beach FL  
33426

**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

*Paula M Labelle*

4/5/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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  
DP  
LABELLE, PAULA M  
4880 OXFORD WAY  
BOCA RATON, FL 33434

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DST  
MUNDY, LISA D  
900 VIA LUGANA CIRCLE UNIT 308  
BOYNTON BEACH, FL 33426

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Zicaro, Nicholas C.  
4880 Oxford Way  
Boca Raton, FL 33434

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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)(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:

*Paula M Labelle*

4/5/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Attachment*

*# P0000089641*

**WE'VE MOVED!**

EFFECTIVE IMMEDIATELY, OUR NEW ADDRESS IS:

ZICARO SERVICES  
2960 NW COMMERCE PARK DRIVE  
BOYNTON BEACH, FL 33426

OUR NEW FAX # IS: 561-547-1603

ALL PHONE NUMBERS WILL REMAIN THE SAME.

THANK YOU FOR YOUR COOPERATION.