## 2004 FOR PROFIT CORPORATION

## **FILED** Jul 27, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P00000096660** 1. Entity Name 07-27-2004 90038 029 \*\*\*550.00 ZEGA CORP. Principal Place of Business Mailing Address 74000000 2599 NE 163 ST 17062 NW 16TH ST. N. MIAMI BEACH, FL 33160 PEMBROKE PINES, FL 33028 2. Principal Place of Business 3. Mailing Address 3151 NW 123 AVE. Suite, Apt. #, etc. Suite, Apt. #, etc. 07242004 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number Sunvise, FL. 33323 65-0993148 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent: 6. Name and Address of Current Registered Agent-Name ZAMBRAÑO, ENRIQUE 877 Horina Dr. Weston Fl33327 Street Address (P.O. Box Number is Not Acceptable) 2599 NE 163 ST N. MIAMI-BEACH, FE 33160 City Zip Code 8. The above named entity submits this stateroe nt 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, typed or, ered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW! FEE, 9. Election Campaign Financing \$5.00 May Be \$ \$550.00 Due by September 8, 2004 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITI F ☐ Delete TITLE Addition ZAMBRANO, ENRIQUE Zambrono. Enrique NAME NAME 877 Harina Drive STREET ADDRESS 17062 N.W. 16TH STREET STREET ADDRESS Weston, FL 33327 CITY-ST-7IP PEMBROKE PINES, FL 33028 CITY-ST-ZIP Change ▼ Addition TITLE TITLE 🔀 Delete Urrea Horia Cristina. 5599 Dewbery Way NAME ZAMBRANO, RICARDO NAME STREET ADDRESS 16965 SW 38 ST STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33027 CITY-ST-ZIP W. Polm Beach, F2 33415 ☐ Delete Change Addition TITLE TITLE NAME ZAMBRANO, LUIS NAME STREET ADDRESS 17062 N.W. 16TH STREET STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33028 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 and where to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapted or on an attachment with an additional properties. changed, or on an attachment with an address with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE: \_

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DILE

NAME

President. HURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

Addition