

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-01-2003 90821 010 ***150.00

DOCUMENT # P00000096660



1. Entity Name
ZEGA CORP.

Principal Place of Business
**2599 NE 163 ST
N. MIAMI BEACH FL 33160**

Mailing Address
**2599 NE 163 ST
N. MIAMI BEACH FL 33160**



2. Principal Place of Business

3. Mailing Address
17062 NW 16th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State
Pembroke Pines. FL

4. FEI Number
65-0993148

Applied For
 Not Applicable

Zip

Country

Zip
33028

Country

U.S.A.

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

**ZAMBRANO, ENRIQUE
2599 NE 163 ST
N. MIAMI BEACH FL 33160**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

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	PD <input type="checkbox"/> Delete
NAME	ZAMBRANO, ENRIQUE
STREET ADDRESS	17062 N.W. 16TH STREET
CITY - ST - ZIP	PEMBROKE PINES FL 33028
TITLE	SD <input type="checkbox"/> Delete
NAME	ZAMBRANO, RICARDO
STREET ADDRESS	16965 SW 38 ST
CITY - ST - ZIP	MIRAMAR FL 33027
TITLE	TD <input type="checkbox"/> Delete
NAME	ZAMBRANO, LUIS
STREET ADDRESS	17062 N.W. 16TH STREET
CITY - ST - ZIP	PEMBROKE PINES FL 33028
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 prepare 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 PD** **4/29/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)