

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90169 022 \*\*\*150.00

**DOCUMENT # P00000110321**

1. Entity Name  
**Z.P.D. TRADING, INC.**



Principal Place of Business  
**8360 W OAKLAND PK BLVD STE 201  
SUNRISE, FL 33351**

Mailing Address  
**8360 W OAKLAND PK BLVD STE 201  
SUNRISE, FL 33351**

**60032705**



04182008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-1083148**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**KADOCH, DAVID  
8360 W OAKLAND PK BLVD STE 201  
SUNRISE, FL 33351**

**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 \_\_\_\_\_

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE DS  
NAME KADOCH, DAVID  
STREET ADDRESS 8360 W OAKLAND PK BLVD STE 201  
CITY-ST-ZIP SUNRISE, FL 33351

TITLE TS  
NAME ZOUR, ISRAEL  
STREET ADDRESS 12700 BISCAYNE BLVD. HQP2  
CITY-ST-ZIP NORTH MIAMI, FL 33138

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/08

954-512-2061