


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90353 001 ***150.00

DOCUMENT # P00000114695 1. Entity Name ZITOS INVESTMENT CORP.			
Principal Place of Business 16375 NE 18 AVE # 325 NORTH MIAMI BEACH, FL 33162		Mailing Address 16375 NE 18 AVE # 325 NORTH MIAMI BEACH, FL 33162	
2. Principal Place of Business 3300 NE 191str.		3. Mailing Address 3300 NE 191str.	
Suite, Apt. #, etc. # 406		Suite, Apt. #, etc. # 406	
City & State Aventura, FL.		City & State Aventura, FL.	
Zip 33180		Zip 33180	
Country U.S.A.		Country U.S.A.	
4. FEI Number 65-1061265		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DONSKOY, ANA 3300 NE 191ST STREET #1707 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name Ana Donskoy Street Address (P.O. Box Number is Not Acceptable) 3300 NE 191 Str. # 406 City Aventura FL Zip Code 33180	
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 <u><i>[Signature]</i></u> DATE 3-30-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DONSKOY, ANA 3300 NE 191ST, SUITE #1707 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3-30-06 Daytime Phone # 305-792-2609	