


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90039 009 \*\*\*150.00

<b>DOCUMENT # P00000114695</b>	
1. Entity Name <b>ZITOS INVESTMENT CORP.</b>	

Principal Place of Business <b>3300 NE 191ST ST # 1907 MIAMI, FL 33180</b>	Mailing Address <b>3300 NE 191ST ST # 406 MIAMI, FL 33180</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>3300 NE 191st Street.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b># 1907</b>
City & State	City & State <b>Aventura, Florida</b>
Zip	Zip <b>33180</b>
Country	Country



03142008 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-1061265</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>DONSKOY, ANA 3300 NE 191ST ST # 406 AVENTURA, FL 33180</b>	

7. Name and Address of New Registered Agent	
Name <b>Ana Donskoy</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>3300 NE 191st Street.</b>	
#1907	
City <b>Aventura</b>	FL Zip Code <b>33180</b>

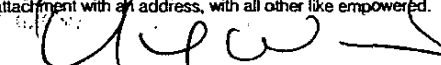
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning.) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  4/4/08 305-792-2609  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #