

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000005127		
1. Entity Name ZEBRA SONIC, INC.		
Principal Place of Business 7951 SW 40TH STREET 206 MIAMI, FL 33155	Mailing Address 7951 SW 40TH STREET 206 MIAMI, FL 33155	

DO NOT WRITE IN THIS SPACE

07012004 No Chg-F CR2E034 (10/03)

4. FEI Number
85-1067463

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DIAZ, OSVALDO J
7951 SW 40TH STREET
SUITE 206
MIAMI, FL 33155**

**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 the filer/submitter (NOTE: Registered Agent signature required when registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 2, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

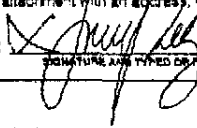
In accordance with s. 607.193(2)(c), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTVB PAGAN, JOSE L 7951 SW 40TH STREET, SUITE 206 MIAMI, FL 33155
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07/07/04-80031-003 150.00

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IN THIS SPACE**

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 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:  **Jose Luis Pagan**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-261-6251

Office Phone #