2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **DOCUMENT # P01000012247** 06 FEB 15 PH 3:44 1. Entity Name ZAMERU INVESTMENTS, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 3143 NE 211 STREET PO BOX 801338 AVENTURA, FL 33180 AVENTURA, FL 33280-1338 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02082006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-1091780 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent MINUCHIN, SALOMON-3143 NE 211 STREET Street Address (P.O. Box Number is Not Acceptable) AVENTURA, FL 33180 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ΠP Delete TITLE ☐ Change ☐ Addition MINUCHIN, SALOMON 000066250650 NAME NAME STREET ADDRESS 3143 NE 211 STREET 02/21/06--01010--003 **150.00 STREET ADDRESS CITY-ST-ZIP AVENTURA, FL 33180 CITY-ST-ZIP DVST TITLE ☐ Delete TITLE ☐ Change ☐ Addition MINUCHIN, RUTH K NAME NAME STREET ADDRESS 3143 NE 211 STREET STREET ADDRESS CITY-ST-7IP AVENTURA, FL 33180 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP be filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information use and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director level to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information sur changed, or on an attachr SIGNATURE: