

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000021834

1. Entity Name
ZAPATA CARPENTER-TRIM, INC.



Principal Place of Business
2617 22ND ST.
SARASOTA, FL 34234

Mailing Address
2617 22ND ST.
SARASOTA, FL 34234



04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1089493	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZAPATA, FERNANDO
2617 22ND ST.
SARASOTA, FL 34234

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMIREZ, FERNANDO Z 2617 22ND ST. SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RETA, RUTH R 2617 22ND ST. SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAPATA, ENRIQUE 2617 22ND ST. SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAPATA, ELISEO 2617 22ND ST. SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/03/04-80021-010 150.00

**DO NOT WRITE
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: Fernando Z Ramirez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04
Date Daytime Phone #