FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0/00003620/

ZAIRE CORPORATION



FILED Mar 04, 2004 8:00 am Secretary of State

03-04-2004 90015 047 ***150.00

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	DO NOT WRIT	E IN THIS SI	PACE					
Principal Place of Business 3. Mailing Address			<u></u>	14 14 14	941	024804	•	
210 KINGFISHER		P.O. Box 185						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
Çity & State	e /	r City & State		4.	FEI Number		Applied For	
UPPER	CAPTIVA, FL	CAPTIVA	FL		65-11006	13	Not Applicable	
Zip	Country	33924	Country LEE	5.	Certificate of Status Desired		8.75 Additional e Required	
		1967年1967年1967年1967年1967年1967年1967年1967年		7. N	lame and Address of Currer	nt Registered A	gent	
DO NOT WRITE			Name	EDWARD MCDOWALD				
		Street Address (P.O. Box Number is Not Acceptable)						
			21	0 K	ING FISHER			
	IN THIS S	PAUE	X					
			City . /-)		Zip Code	
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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								
	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department	of State			9. Election Campaign F Trust Fund Contributi	_	\$5.00 May Be Added to Fees	
10.	OFFICERS AN	ID DIRECTORS				10.10 Tall Bon A		
TITLE	P-5.T.		TITLE	74 A 74			Market Carlower	
NAME	EDWARD MCDON.	960 PO BOX 185	_ NAME	124872		Carlotte State Control		
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12. I hereby o	ertify that the information supplied w	rith this filing does not qualify for	the exemption states	d in Section	119.07(3)(i), Florida Statutes	s. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-01-04 239.472:1079

Date Daytime Phone #