

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000039670

FILED
Jun 01, 2006
Secretary of State

Entity Name: ZEUS INSURANCE AGENCY, INC.

Current Principal Place of Business:

2700 GLADES CIRCLE
STE 133
FORT LAUDERDALE, FL 33327

New Principal Place of Business:

7913 NW 7TH CT
PLANTATION, FL 33324

Current Mailing Address:

2700 GLADES CIRCLE
STE 133
FORT LAUDERDALE, FL 33327

New Mailing Address:

7913 NW 7TH CT
PLANTATION, FL 33324

FEI Number: 65-1095337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FABRE, JEAN-PAUL
7913 NW 7 COURT
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FABRE, JEAN-PAUL
Address: 4976 N PINES ISLAND ROAD
City-St-Zip: LAUDERHILL, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FABRE, JEAN-PAUL
Address: 7913 NW 7TH CT
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN-PAUL FABRE

PD

06/01/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date