

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000041258

Entity Name: ZOLLA M, INC.

FILED
Apr 25, 2007
Secretary of State

Current Principal Place of Business:

200 LESLIE DR., #427
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

200 LESLIE DR., #427
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 65-1103005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASKET, ZOLLA
200 LESLIE DR., #406
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

MASKET, ZOLLA
200 LESLIE DR., #427
HALLANDALE, FL 33009 US

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: ZOLLA MASKET

04/25/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MASKET, ZOLLA
Address: 200 LESLIE DR # 406
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MASKET, ZOLLA
Address: 200 LESLIE DR # 427
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify 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: ZOLLA MASKET

PRES

04/25/2007

Electronic Signature of Signing Officer or Director

Date