


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000041993 1. Entity Name ZARCO INVESTMENT CORPORATION	
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Principal Place of Business 966 NW 168TH AVENUE PEMBROKE PINES, FL 33028	Mailing Address 966 NW 168TH AVENUE PEMBROKE PINES, FL 33028
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DO NOT WRITE IN THIS SPACE



08052005 No Chg-P CR2E034 (10/03)

4. FEI Number 56-2463322	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**RODRIGUEZ, WILLIAM G
966 N.W. 168TH AVENUE
PEMBROKE PINES, FL 33028**

**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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ O, WILLIAM G 966 NW 168TH AVE PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ F, JOSE B 966 NW 168TH AVE PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ F, JOSE M 966 NW 168TH AVE PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), 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: William Rodriguez 8/6/05 954-450-5647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #