


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90112 042 ***150.00

DOCUMENT # P01000056151 1. Entity Name ZURK, INC.					
Principal Place of Business 16850 -112 COLLINS AVE # 160 SUNNY ISLES, FL 33160			Mailing Address 16850 - 112 COLLINS AVE # 160 SUNNY ISLES, FL 33160		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1124766	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARZON, DIANA PATRICIA 427 GONDEN ISLES DRIVE APT. 4-D HALLANDALE, FL 33009				7. Name and Address of New Registered Agent Name CRUZ, Diana Patricia Street Address (P.O. Box Number is Not Acceptable) 16850-112 Collins Ave # 160 City Sunny Isles FL Zip Code 33160	
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 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GARZON, DIANA PATRICIA 427 GOLDEN ISLES DRIVE HALLANDALE, FL 33009 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CRUZ, DIANA PATRICIA 16850-112 Collins Ave #160 Sunny Isles, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>[Signature]</i> <small>SIGNATURE AND PRINTED OR TYPED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Jan 19, 2006 <small>Date Daytime Phone #</small>		

ATTACHMENT

40004765



Division of Corporations

2006 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	P01000056151
Business Entity Name	ZURK, INC.
Original File Date	06/06/2001

FEI Number 65-1124766

Principal Address 16850 -112 COLLINS AVE # 160
SUNNY ISLES, FL 33160

Mailing Address 16850 - 112 COLLINS AVE # 160
SUNNY ISLES, FL 33160

Registered Agent DIANA PATRICIA GARZON
427 GONDEN ISLES DRIVE
APT. 4-D
HALLANDALE, FL 33009

Officer/Director Name And Address

PSTD
DIANA PATRICIA GARZON
427 GOLDEN ISLES DRIVE
HALLANDALE, FL 33009

If all of the above
information is correct and
you do not wish to make any
changes, please select:

No Changes

If you need to make changes
to the above information,
please select:

Make Changes

Sunbiz Home Page

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