## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 04, 2004 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # P01000066151  1. Entity Name Z FIVE CORPORATION						05-04-2	2004 90161	008 ***	150.00
Principal Place 7925 NW 12 MIAMI, FL 33	ST, SUITE 318	Meiling Address 7925 NW 12 ST, SUITE 31 MIAMI, FL 33126	8						
Principal Place of Business     3. Mailing Address			12 010						
Suite, Apt.	NW 12 Steet	Suite, Apt. #, etc.			04202004	Chg-P		34 (10/03)	
City & State		City & State	 		4. FEI Numb			<u> </u>	plied For
MIAI Zip SSSI	26 Country 25 USA	1011AM1, T	Country USA	•	65-111 5. Certificate	of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
				MAGALI ZEEDA					
ZERDA, MAGALI 7925 NW 12 ST, SUITE 318 MIAMI, FL 33126			şi je g	Street Address (P.O. Box Number is Not Acceptable) Suite 407					
			City	<u> </u>		·	FL	Zip Code	121
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 the obligations of registered agent.							and accept		
u celaserda									
SIGNATURE Signature, typed or printed name of replaced agent and bits illapphyable. (NOTE: Registered Agent signature required when reinstating)  DATE									
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees									
10.	OFFICERS AND D	DIRECTORS	11.			/CHANGES TO OF			3 IN 11
TITLE NAME	PTD	☐ Delete	TITLE NAME	PTI	IOA Like	SETAS		KZ Change	Addition
STREET ADDRESS	7925 NW 12 ST, SUITE 318		STREET ADDRESS	792	ร์หพั	12 STREET	SUITE	407	
CITY-ST-ZIP	MIAMI; FL 33126		CITY-ST-ZIP	MI		33126			
TITLE	VSD	☐ Delete	TITLE	VS:	SALI Z	EEDA		<b>⊠</b> Change	☐ Addition
NAME STREET ADDRESS	ZERDA, MAGALI 7925 NW 12 ST, SUITE 318		NAME STREET ADDRESS	70.2	S NW 1	12 Steelet	SUTTE	407	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.									