2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000074671

1. Entity Name
ZEROS ENERGY SYSTEMS INTERNATIONAL, INC.

FILED
07 MAY -1 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
815 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES, FL 33134	815 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES, FL 33134

04272007 No Chg-P CR2E034 (11/05) 07

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1155402
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FIGUEROA, LUIS A ESQ.
815 PONCE DE LEON BLVD.
SUITE 200
CORAL GABLES, FL 33134

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MOLINA, J. RAYMOND
STREET ADDRESS	815 PONCE DE LEON BLVD. SUITE 200
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

500102235065
05/14/07--01007--018 **150.00

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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 alteration, with the exception empowered.

SIGNATURE: _____ 4-30-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #