


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000082600 1. Entity Name ZULI MAR, INC.	
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Principal Place of Business
**P.O. BOX 4512
DELAND, FL 32721-4512**

Mailing Address
**P.O. BOX 4512
DELAND, FL 32721-4512**

DO NOT WRITE IN THIS SPACE



04102004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3740983	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MARTINEZ, H. LOUIS CPA
RUGGIERO, MARTINEZ & CO, P.A.
1640 LEE RD
WINTER PARK, FL 32789**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000112311
04/14/04-80018-006 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	YEPES-HOYOS, PEDRO N
STREET ADDRESS	P.O. BOX 4512
CITY-ST-ZIP	DELAND, FL 327214512

TITLE	DP
NAME	YEPES, ZULIMA A
STREET ADDRESS	P.O. BOX 4512
CITY-ST-ZIP	DELAND, FL 327214512

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
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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)(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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/04 (386) 831-0791
Date Daytime Phone #