


FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90032 015 ***150.00

90005235

☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P01000086189		Secretary of State 01-21-2003 90032 015 ***150.00																									
1. Entity Name ZAMORANO-GALLEGO, INC.																											
Principal Place of Business 4165 NW 58 LANE BOCA RATON FL 33496		Mailing Address 4165 NW 58 LANE BOCA RATON FL 33496																									
2. Principal Place of Business 7544 SW 112th Ct Suite, Apt. #, etc.		3. Mailing Address 7544 SW 112th Ct Suite, Apt. #, etc.																									
City & State Miami, FL Zip 33173 Country		City & State Miami, FL Zip 33173 Country																									
4. FEI Number 65-1135841		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent ZAMORANO, JORGE 4165 NW 58 LANE BOCA RATON FL 33496		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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] DATE: 01-16-03 <small>(NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		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																									
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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.																											
SIGNATURE: [Signature]		01-16-03 305-2718003																									