


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P01000100763</b> 1. Entity Name ZCORP, INC.	
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FILED

04 SEP 30 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 9677 SW 138 AVENUE MIAMI, FL 33186	Mailing Address 9677 SW 138 AVENUE MIAMI, FL 33186
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DO NOT WRITE IN THIS SPACE



05022004    No Chg-P    CR2E034 (10/03)    *04*

4. FEI Number 65-1148661	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

ZULOAGA, MIGUEL A  
9677 SW 138 AVENUE  
MIAMI, FL 33186

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:       (NOTE: Registered Agent signature required when reinstating)      5-2-04      DATE

FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

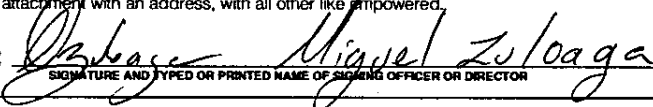
10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	ZULOAGA, MIGUEL A
STREET ADDRESS	9677 SW 138 AVENUE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	VD
NAME	ZULOAGA, PEDRO A
STREET ADDRESS	9677 SW 138 AVENUE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	SD
NAME	ZULOAGA, CLAUDIA
STREET ADDRESS	9677 SW 138 AVE.
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

700041571227  
10/04/04--01042--001    \*\*158.75

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:       5-2-04      DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #

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