



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**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 Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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) DATE: 5-2-04

**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.

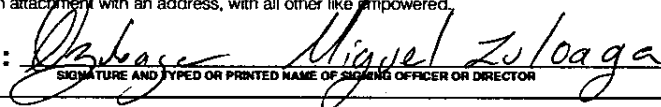
10. OFFICERS AND DIRECTORS

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

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

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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:  DATE: 5-2-04 Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*B*