## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000103549

SIGNATURE:

SIGNATURE AND

## ZOGBEAT INC. Principal Place of Business Mailing Address 13567 SW 47 TERRACE 13567 SW 47 TERRACE MIAMI, FL 33175 MIAMI, FL 33175 04042006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 80-0006515 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DAVID L. LAURENCE, P.A. DO NOT WRITE 215 N FEDERAL HWY DANIA BCH, FL 33004 IN THIS SPACE 3. 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. DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 1133 F ZOGBI, OLIVER NAME STREET ADDRESS 13567 SW 47 TERR U00000500076 04/25/06-80006-024 150.00 CITY-ST-ZIZ MIAMI, FL 33175 TITLE NAME STREET ADDRESS C/17 / - S1 - ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS City-ST-Zip NAME STREET ADDRESS CCTY-ST-ZIP MILE NAME STREET ADDRESS CITY-ST-ZIP 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 address, with all other like empowered.

FILED

Apr 10, 2006 08:00 AM Secretary of State