

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000111540

Entity Name: Z-E TEX. CORP.

FILED  
Mar 04, 2004  
Secretary of State

**Current Principal Place of Business:**

12815 NW 45TH AVE  
OPA LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

12815 NW 45TH AVE  
OPA LOCKA, FL 33054

**New Mailing Address:**

2588 SW 27TH AVENUE  
MIAMI, FL 33133

FEI Number: 65-1156273

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARCIA, ANTONIO  
2588 SW 27TH AVENUE  
MIAMI, FL 33133

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ZARUR, JORGE  
Address: 12815 NE 45TH AVE  
City-St-Zip: OPA LOCKA, FL 33054

Title: SD ( ) Delete  
Name: ELIAS, JORGE E  
Address: 12815 NW 45TH AVE  
City-St-Zip: OPA LOCKA, FL 33054

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JORGE ZARUR

PD

03/04/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date