

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2005 8:00 am**  
**Secretary of State**

07-28-2005 90003 025 \*\*\*550.00

<b>DOCUMENT # P02000013345</b>	
1. Entity Name <b>ZARRILLO, INC.</b>	



Principal Place of Business <b>3006 AVIATION AVE 2B MIAMI, FL 33133 US</b>	Mailing Address <b>3006 AVIATION AVE 2B MIAMI, FL 33133 US</b>
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**50058226**



2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07052005 Chg-P CR2E034 (10/03)

4. FEI Number <b>01-0716526</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>ZARRILLO DE MORRISON, MARIA EMILIA 1925 BRICKELL AVENUE D-406 MIAMI, FL 33129</b>	
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7. Name and Address of New Registered Agent Name <b>ZARRILLO DE MORRISON, MARIA EMILIA</b> Street Address (P.O. Box Number is Not Acceptable) <b>3006 AVIATION AVE. # 2B</b> City <b>MIAMI</b> FL Zip Code <b>33133</b>	
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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 <i>Maria Emilia Zarrillo</i> Signature, typed or printed name of registered agent and title if applicable.	<b>ZARRILLO DE MORRISON MARIA EMILIA</b> (NOTE: Registered Agent signature required when reinstating)	<b>07-06-2005</b> DATE
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<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ZARRILLO DE MORRISON, MARIA EMILIA 1925 BRICKELL AVENUE, #406 MIAMI, FL 33129 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ZARRILLO DE BUROZ, MARIA MICHELA 1925 BRICKELL AVENUE, D-406 MIAMI, FL 33129 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ZARRILLO DE MORRISON, MARIA EMILIA 3006 AVIATION AVE # 2B MIAMI FL 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ZARRILLO MARIA MICHELA 3006 AVIATION AVE # 2B MIAMI FL 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Maria Emilia Zarrillo</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>07-06-2005</b> Date	<b>(305) 860 1015</b> Daytime Phone #
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