

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000021831

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** ZAMORA ENTERPRISES OF NORTH FLORIDA, INC.

**Current Principal Place of Business:**

1816 ST JOHNS BLUFF RD  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

1245 RIBBON RD.  
JACKSONVILLE, FL 32259

**New Mailing Address:**

**FEI Number:** 01-0617905

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZAMORA, JOSE L  
1245 RIBBON RD.  
205  
JACKSONVILLE, FL 32259 US

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

ZAMORA, JOSE L  
1245 RIBBON RD.  
JACKSONVILLE, FL 32259 US

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:** JOSE ZAMORA

05/01/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PDST  
**Name:** ZAMORA, JOSE L  
**Address:** 1245 RIBBON RD.  
**City-St-Zip:** JACKSONVILLE, FL 32259

I hereby 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 all other like empowered.

**SIGNATURE:** JOSE ZAMORA

PDST

05/01/2011

Electronic Signature of Signing Officer or Director

Date