

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000029348

Entity Name: ZISKAL ENTERPRISES, INC.

FILED  
Mar 28, 2006  
Secretary of State

**Current Principal Place of Business:**

605 WALDEMAR RD  
JUPITER, FL 33477

**New Principal Place of Business:**

**Current Mailing Address:**

605 WALDEMAR RD  
JUPITER, FL 33477

**New Mailing Address:**

FEI Number: 02-0574118

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PASTOR, ANDREW E ESQUIRE  
11380 PROSPERITY FARMS RD, STE 101  
PALM BEACH GARDENS, FL 33410 US

**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: P ( ) Delete  
Name: ZISKAL, WAYNE  
Address: 605 WALDEMAR RD  
City-St-Zip: JUPITER, FL 33477

Title: VP ( ) Delete  
Name: ZISKAL, MARCIA T  
Address: 605 WALDSMAR RD.  
City-St-Zip: JUPITER, FL 33477

**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 Chapter 119, 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: WAYNE ZISKAL

P

03/28/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date