## 2007 FOR PROFIT CORPORATION ANNUAL REPORT



FILED Apr 30, 2007 8:00 am Secretary of State

1. Entity Nam ZONNIA		2092				04-30-2003	7 90440 (	)29 ***15	50.00
Principal Plac	e of Business	Mailing Address	Mailing Address			00020			
		2608 OAK PARK CIRCL Davie, Fl 33328	2608 OAK PARK CIRCLE DAVIE, FL 33328				iii <b>Palaa</b> iii <b>i B</b> #1		AINNE AI ICNI
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01112007	Chg-P	CR2E0	34 (12/06)	
City & State		City & State	City & State		4. FEI Numbe 04-3626				oplied For ot Applicable
Zip	Country	Zip	ry	5. Certificate	of Status Desired		\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent				Name	7. Name and	Address of New F	Registered A	gent	
DOS SANTOS, EDSON V 2608 OAK PARK CIRCLE			_	Street Address (P.O. Box Number is Not Acceptable)					
DAVIE, FL	33328								
				City	<del>-</del>		FL	Zip Cod	e
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	Signature, typed or printed name of registered age	nt and title if applicable. (NOTI	E: Registered	d Agent signature required	d when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campa Trust Fund Cont			.00 May Be led to Fees				
10.	OFFICERS AN		11.		ADDITIONS/	CHANGES TO OFF	ICERS AND		
TITLE NAME	PD DOS SANTOS, EDSON V	☐ Delete	TITLE	1				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	2608 OAK PARK CIRCLE DAVIE, FL 33328			ET ADDRESS ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD DOS SANTOS, MELISSA L 2608 OAK PARK CIRCLE DAVIE, FL 33328	☐ Delete		1				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	•					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1	1				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	☐ Addition
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 comparation 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 an an attachment with an address, with all other like empowered.									
SIGNATURE: 04/26/07 SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Despires Phone #									