


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90084 018 \*\*\*158.75

<b>DOCUMENT # P02000050999</b>	
1. Entity Name <b>ZACK TRADING COMPANY</b>	

Principal Place of Business <b>4428 PEMBROKE ROAD HOLLYWOOD, FL 33021</b>	Mailing Address <b>4428 PEMBROKE ROAD HOLLYWOOD, FL 33021</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02142006 Chg-P CR2E034 (11/05)

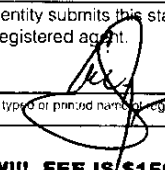
4. FEI Number <b>37-1430537</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>HANLEY, DAVID F 200 E. LAS OLAS BLVD., STE. 1900 FT. LAUDERDALE, FL 33301</b>	

7. Name and Address of New Registered Agent	
Name	<b>ARCHIE J. RYAN III</b>
Street Address (P.O. Box Number is Not Acceptable)	
<b>700 E. Dania Beach Blvd., Third Floor</b>	
City	<b>Dania Beach</b>
State	<b>FL</b>
Zip Code	<b>33004</b>

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:  DATE: **4/5/06**

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>WEISBROT, HEIDI</b>
STREET ADDRESS	<b>4428 PEMBROKE ROAD</b>
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33021</b>
TITLE	<b>VTS</b> <input type="checkbox"/> Delete
NAME	<b>WEISBROT, HEIDI</b>
STREET ADDRESS	<b>4428 PEMBROKE ROAD</b>
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33021</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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:  **Heidi Weisbrot** 2/21/06 954-983-3331