2004 FOR PROFIT CORPORATION

ANNUAL REPORT **DOCUMENT # P02000072151**

1. Entity Name Z.S. SERVICES, INC.



4660 NE 3 TERRACE FORT LAUDERDALE, FL 33334

Principal Place of Business

Mailing Address 4660 NE 3 TERRACE FORT LAUDERDALE, FL 33334

FILED Apr 26, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE			04202004	04202004 No Chg-P CR2E034 (10/03)			
			4. FEI Number 02-0628936			Applied For Not Applicable	
			5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Regis	tered Agent			····			
SIFONTES, ZULAY Y 4660 NE 3 TERRACE FORT LAUDERDALE, FL 33334			DO NOT WRITE IN THIS SPACE				
 The above named entity submits this statement for the p the obligations of registered agent. 		ed office or re	gistered agent, or bo	ih, in the State of Fto	rida. I ar	n familiar with, and accept	
Signature, typed or printed name of registered agent and titla	if applicable (NOTE Registere	d Agent signature	required when reinstating)		DATE 1000 (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		\$5.00 May Be Added to Fees	04/26/04-	-8009:	3-016 150.00	

OFFICERS AND DIRECTORS 10. PD TITLE NAME SIFONTES, ZULAY Y 4860 NE 3 TERRACE STREET ADDRESS

CITY-ST-ZIP FORT LAUDERDALE, FL 33334 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 any agree, with all other like empowered.

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

TED NAME OF SIGNING OFFICER OR DIRECTOR