


**FILED**  
**Jun 03, 2005 8:00 am**  
**Secretary of State**

5/3

05-03-2005 90134 023 \*\*\*150.00

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

|  |                                 |   |                                   |
|--|---------------------------------|---|-----------------------------------|
| <b>DOCUMENT # P02000101482</b>   |                                 |                                |                                   |
| 1. Entity Name<br><b>Z. O. CONSTRUCTION &amp; SERVICES, CORP.</b>  |                                 |   |                                   |
| Principal Place of Business<br><b>141 N.E. 3RD AVENUE<br/>SUITE #408<br/>MIAMI, FL 33132</b>   |                                 | Mailing Address<br><b>141 N.E. 3RD AVENUE<br/>SUITE #408<br/>MIAMI, FL 33132</b>                                |                                   |
| 3. Principal Place of Business   |                                 | 3. Mailing Address  |                                   |
| State, Apt. #, etc.  |                                 | State, Apt. #, etc.   |                                   |
| City & State   |                                 | City & State  |                                   |
| Zip  | Country                         | Zip   | Country                           |
| 4. FBI Number<br><b>51-0426079</b>   |                                 | Applied For<br>Not Applicable   |                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                                 | 5. Additional Fee Requested <input type="checkbox"/>  |                                   |
| 6. Name and Address of Current Registered Agent<br><b>R &amp; P ACCOUNTING &amp; TAXES, INC<br/>141 N.E. 3RD AVENUE<br/>SUITE #408<br/>MIAMI, FL 33132</b>   |                                 | 7. Name and Address of New Registered Agent   |                                   |
| Name   |                                 | Name  |                                   |
| Street Address (P.O. Box Number is Not Accepted)   |                                 | Street Address (P.O. Box Number is Not Accepted)  |                                   |
| City   |                                 | City  |                                   |
| FL   |                                 | Zip Code  |                                   |
| 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: _____   |                                 |   |                                   |
| FILE REQUIRED FEE IS \$100.00<br>After May 3, 2005 Fee will be \$550.00  |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                   |
| 10. OFFICERS AND DIRECTORS   |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |                                   |
| TITLE  | NAME                            | TITLE   | NAME                              |
| STREET ADDRESS   | STREET ADDRESS                  | STREET ADDRESS  | STREET ADDRESS                    |
| CITY-ST-ZIP  | CITY-ST-ZIP                     | CITY-ST-ZIP   | CITY-ST-ZIP                       |
| <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| TITLE  | NAME                            | TITLE   | NAME                              |
| STREET ADDRESS   | STREET ADDRESS                  | STREET ADDRESS  | STREET ADDRESS                    |
| CITY-ST-ZIP  | CITY-ST-ZIP                     | CITY-ST-ZIP   | CITY-ST-ZIP                       |
| <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| TITLE  | NAME                            | TITLE   | NAME                              |
| STREET ADDRESS   | STREET ADDRESS                  | STREET ADDRESS  | STREET ADDRESS                    |
| CITY-ST-ZIP  | CITY-ST-ZIP                     | CITY-ST-ZIP   | CITY-ST-ZIP                       |
| <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| TITLE  | NAME                            | TITLE   | NAME                              |
| STREET ADDRESS   | STREET ADDRESS                  | STREET ADDRESS  | STREET ADDRESS                    |
| CITY-ST-ZIP  | CITY-ST-ZIP                     | CITY-ST-ZIP   | CITY-ST-ZIP                       |
| <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 registered service organization to complete 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 ownership with an interest, with all other this employees. |                                 |   |                                   |
| SIGNATURE: _____ DATE: _____   |                                 |   |                                   |

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03163006 Chg-P CR2E034 (10/03)