

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000120962

Entity Name: ZOE PHARMACEUTICAL, INC.

FILED
Apr 16, 2005
Secretary of State

Current Principal Place of Business:

15988 NW 48 AVE.
MIAMI, FL 33014

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 680043
MIAMI, FL 33168 US

New Mailing Address:

FEI Number: 11-3665767

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCCLAIN, AYESHA
15988 NW 48 AVE
MIAMI, FL 33014 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: PTD () Delete
Name: MCCLAIN, AYESHA
Address: 15988 NW 48 AVE
City-St-Zip: MIAMI, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: AYESHA MCCLAIN

PRES

04/16/2005

Electronic Signature of Signing Officer or Director

Date