FROM : FAX NO. : Jul. 13 2004 02:15PM P1

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT -3 AM 10: 16

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000122618

1. Entity Name

ZE TAL'S PRODUCT, INC.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03-05

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 2128 West Flagler St	3. Mailing Address
Suite, Apt #, etc.: 104	Suite, Apt. #, etc.
City & State: MIAMI FL.	City & State
Zip: 33135 Country: MIAMI-DADE	Zip Country

4. FEI Number: 76-0719354 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: WALDO GONZALEZ

Street Address (P.O. Box Number is Not Acceptable): 1364 W 62 ST

City: HIALEAH FL Zip Code: 33012

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: W

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

900060503569
10/12/05--01004--010 **450.00

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Waldo Gonzalez
STREET ADDRESS	1364 W 62 ST
CITY-ST-ZIP	Hialeah FL. 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034E (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: W

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $450.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2003 thru 2005 or any other notice from the Division of Corporations in respect with the Corporation, **ZETAL'S PRODUCT, INC.**

Thank you for your courtesy in this matter.

W