

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90024 046 ***150.00

DOCUMENT # P02000131095																																																																																																																							
1. Entity Name ZAMO-AMERICA, INC.																																																																																																																							
Principal Place of Business 525 MERIDIAN AVENUE #105 MIAMI BEACH, FL 33139			Mailing Address 525 MERIDIAN AVENUE #105 MIAMI BEACH, FL 33139																																																																																																																				
2. Principal Place of Business 6487 SW 8 Street		3. Mailing Address 616 SW 96 CT																																																																																																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																					
City & State Miami, FL		City & State Miami, FL		4. FEI Number 13-4226368																																																																																																																			
Zip 33144		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																			
6. Name and Address of Current Registered Agent ZAMORA, ISRAEL 525 MERIDIAN AVENUE #105 MIAMI BEACH, FL 33139			7. Name and Address of New Registered Agent																																																																																																																				
Name			Street Address (P.O. Box Number is Not Acceptable)																																																																																																																				
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 25%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 25%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>ZAMORA, ISRAEL</td> <td></td> <td>STREET ADDRESS</td> <td>616 SW 96 CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>525 MERIDIAN AVENUE #105 MIAMI BEACH, FL 33139</td> <td></td> <td>CITY-ST-ZIP</td> <td>Miami, FL 33174</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>MOJENA, BARBARA</td> <td></td> <td>STREET ADDRESS</td> <td>616 SW 96 CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>525 MERIDIAN AVENUE #105 MIAMI BEACH, FL 33139</td> <td></td> <td>CITY-ST-ZIP</td> <td>Miami, FL 33174</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>MOJENA, ALSHEY</td> <td></td> <td>STREET ADDRESS</td> <td>616 SW 96 CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>525 MERIDIAN AVENUE #105 MIAMI BEACH, FL 33139</td> <td></td> <td>CITY-ST-ZIP</td> <td>Miami, FL 33174</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	ZAMORA, ISRAEL		STREET ADDRESS	616 SW 96 CT		CITY-ST-ZIP	525 MERIDIAN AVENUE #105 MIAMI BEACH, FL 33139		CITY-ST-ZIP	Miami, FL 33174		TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	MOJENA, BARBARA		STREET ADDRESS	616 SW 96 CT		CITY-ST-ZIP	525 MERIDIAN AVENUE #105 MIAMI BEACH, FL 33139		CITY-ST-ZIP	Miami, FL 33174		TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	MOJENA, ALSHEY		STREET ADDRESS	616 SW 96 CT		CITY-ST-ZIP	525 MERIDIAN AVENUE #105 MIAMI BEACH, FL 33139		CITY-ST-ZIP	Miami, FL 33174		TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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: <u>X</u> <u>Israel Zamora</u> <u>President</u>																																																																																																																							
Date: <u>02/06/06</u> Daytime Phone #: <u>(305) 269-3444</u>																																																																																																																							