2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # P02000133750** 04-26-2004 90474 019 ***150 00 ZAVALA AND SON, INC. Principal Place of Business Mailing Address 7651 COCONUT DR 7651 COCONUT DR LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 2. Principal Place of Business 3. Mailing Address 326N. DIXIC 1326 N DIXIC HWY Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 01242004 Cha-P <u>57e</u> 57<u>C</u> City & State City & State 4. FEI Number Applied For 71-0918748 WORTH AKE WONTH, Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name ZAVALA, JOSE G JR. Street Address (P.O. Box Number is Not Acceptable) 7651 COCONUT DR LAKE WORTH, FL 33467 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE ☐ Delete TITLE ☐ Change ☐ Addition ZAVALA, JOSE G NAME NAME 7651 COCONUT DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33467 CITY-ST-ZIP DTI 6 Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C/TY-ST-7/8 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 impowered 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 governing employments. SIGNATURE:

FILED