


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000010631	
1. Entity Name ZUNZERA, CORP.	

Principal Place of Business 88540 OVERSEAS HIGHWAY PENTHOUSE 132 ISLAMORADA, FL 33036	Mailing Address 88540 OVERSEAS HIGHWAY PENTHOUSE 132 TAVERNIER, FL 33070
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01102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0854950	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

WODKA, BARBARA M  
 88540 OVERSEAS HIGHWAY  
 PENTHOUSE 132  
 TAVERNIER, FL 33070

**DO NOT WRITE IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WODKA, BARBARA 88540 OVERSEAS HWY PENTHOUSE 132 TAVERNIER, FL 33070
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 01/27/05-80027-004 150.00

**DO NOT WRITE IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Barbara M. Wodka*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #