2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 19, 2006 8:00 am
Secretary of State
05-08-2006 90309 036 ***150.00

DOCUMENT # P03000016960

1. Entity Name
ZORICA, INC.

Principal Place of Business	Mailing Address
206 E MCNAB RD POMPANO BCH FL 33060	206 E MCNAB RD POMPANO BCH FL 33060

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
THE SPA	2771 NE 9th Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Bch	City & State: FL
Zip: 33062 Country:	Zip: 33062 Country:

4. FEI Number 37-1462158 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JANKOVIC ZORICA, ANDREW 2771 NE 9TH CT POMPANO BEACH FL 33062	Name: Zorica Andrew. Street Address (P.O. Box Number is Not Acceptable): 2771 NE 9th CT City: Pompano Bch FL Zip Code 33062

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] April 28-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JANKOVIC ZORICA, ANDREW	NAME	
STREET ADDRESS	2771 NE 9TH CT	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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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-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 6-10-06 954-444-0725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #