
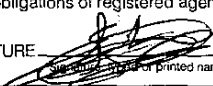



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 25, 2004 8:00 am**  
**Secretary of State**

08-25-2004 90001 050 \*\*\*150.00

<b>DOCUMENT # P03000024762</b>					
<b>1. Entity Name</b> GEOVANNY ZAMBRANO CORP.					
<b>Principal Place of Business</b> 1690 NE 32 ST APT E OAKLAND PARK, FL 33334			<b>Mailing Address</b> 1690 NE 32 ST APT E OAKLAND PARK, FL 33334		
<b>2. Principal Place of Business</b> 3222 NW 84 Av Suite, Apt. #, etc. <b>Apt # 226</b> City & State <b>Sunrise FL</b> Zip <b>33351</b> Country <b>Broward</b>			<b>3. Mailing Address</b> <b>SAME</b> Suite, Apt. #, etc. City & State Zip Country		
<b>4. FEI Number</b> 200075978			Applied For <input type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			08052004 Chg-P CR2E034 (10/03)		
<b>6. Name and Address of Current Registered Agent</b> ZAMBRANO, GEOVANNY 1690 NE 32 ST APT E OAKLAND PARK, FL 33334			<b>7. Name and Address of New Registered Agent</b> Name <b>Zambrano, Geovanny</b> Street Address (P.O. Box Number is Not Acceptable) <b>3222 NW 84 Av</b> Apt # <b>226</b> City <b>Sunrise</b> FL Zip Code <b>33351</b>		
<b>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.</b>					
SIGNATURE:  <b>Geovanny Zambrano / Pres 08-06-04</b> <small>(NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution. In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZAMBRANO, GEOVANNY 1690 NE 32 ST APT E OAKLAND PARK, FL 33334	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. GEOVANNY ZAMBRANO 3222 NW 84 Av, Apt #226 Sunrise, FL 33351	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b>  <b>Geovanny Zambrano 08-06-04</b> <b>786-201-1669</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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