

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000036607

Entity Name: ZIRCON HOLDING, CORP.

FILED
Feb 13, 2007
Secretary of State

Current Principal Place of Business:

3875 NW 125 STREET
MIAMI, FL 33054

New Principal Place of Business:

8795 NW 27 AVE
MIAMI, FL 33147

Current Mailing Address:

3875 NW 125 STREET
MIAMI, FL 33054

New Mailing Address:

PO BOX 381219
MIAMI, FL 33238

FEI Number: 20-1539044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALPHONSE, WOODY
3875 NW 125 STREET
MIAMI, FL 33054 US

Name and Address of New Registered Agent:

ALPHONSE, WOODY
111 NW 79 STREET
MIAMI, FL 33150 US

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.

SIGNATURE: WOODY ALPHONSE

02/13/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALPHONSE, DENISE
Address: 3020 NW 98 STREET
City-St-Zip: MIAMI, FL 33147

Title: VD () Delete
Name: ALPHONSE, NATASHA
Address: 3020 NW 98 STREET
City-St-Zip: MIAMI, FL 33147

Title: SD () Delete
Name: ALPHONSE, WOODY
Address: 3875 NW 125 STREET
City-St-Zip: MIAMI, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: ALPHONSE, WOODY
Address: 111 NW 79 STREET
City-St-Zip: MIAMI, FL 33150

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WOODY ALPHONSE

PD

02/13/2007

Electronic Signature of Signing Officer or Director

Date