


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90089 048 \*\*\*150.00

<b>DOCUMENT # P03000038777</b> 1. Entity Name <b>GHZS TECH CONSULTANT, INC.</b>					
Principal Place of Business <b>2516 CENTERGATE DR #108 MIRAMAR, FL 33025</b>			Mailing Address <b>2516 CENTERGATE DR #108 MIRAMAR, FL 33025</b>		
2. Principal Place of Business <b>640 Willow Run Street</b>			3. Mailing Address <b>SAME</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Cleemont, FL</b>			City & State		
Zip <b>34711</b>		Country <b>Minnesota</b>		4. FEI Number <b>14-1882041</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>ZAMORA, GUIDO H 2516 CENTERGATE DR #108 MIRAMAR, FL 33025</b>				7. Name and Address of New Registered Agent Name <b>Guido H. Zamora</b> Street Address (P.O. Box Number is Not Acceptable) <b>640 Willow Run Street</b> City <b>Cleemont</b> <b>FL</b> Zip Code <b>34711</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. SIGNATURE <u><i>Guido H. Zamora</i></u> DATE <u><i>2/29/04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAMORA, GUIDO H 2516 CENTERGATE DR #108 MIRAMAR, FL 33025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Zamora, Guido H. 640 Willow Run Street Cleemont, FL 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Guido H. Zamora</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><i>2/29/04</i></u> Daytime Phone #		

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02292004 Chg-P CR2E034 (10/03)

4. FEI Number **14-1882041** Applied For Not Applicable

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

7. Name and Address of New Registered Agent  
 Name **Guido H. Zamora**  
 Street Address (P.O. Box Number is Not Acceptable)  
**640 Willow Run Street**  
 City **Cleemont** **FL** Zip Code **34711**

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 SIGNATURE *Guido H. Zamora* DATE *2/29/04*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

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SIGNATURE: *Guido H. Zamora* Date *2/29/04* Daytime Phone #