

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000045501

FILED
Feb 05, 2004
Secretary of State

Entity Name: ZG ACCOUNTING SERVICES, INC.

Current Principal Place of Business:

2100 SALZEDO STREET
SUITE 301-B
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2100 SALZEDO STREET
SUITE 301-B
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 58-2683283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUZMAN, ZORAIDA
16503 SW 67 TERRACE
MIAMI, FL 33193 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GUZMAN, ZORAIDA
Address: 2100 SALZEDO STREET
City-St-Zip: CORAL GABLES, FL 33134

Title: VD () Delete
Name: LEBRON, JOSE M
Address: 2100 SALZEDO STREET
City-St-Zip: CORAL GABLES, FL 33134

Title: SD () Delete
Name: LEBRON, PAOLA A
Address: 2100 SALZEDO STREET
City-St-Zip: CORAL GABLES, FL 33134

Title: TD () Delete
Name: VIVES, ZAMAR
Address: 2100 SALZEDO STREET
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ZORAIDA GUZMAN

MRS

02/05/2004

Electronic Signature of Signing Officer or Director

Date