

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000052588

FILED
May 18, 2004
Secretary of State

Entity Name: ZARBAL CORP.

Current Principal Place of Business:

11865 SW CORAL WAY, STE J-2
MIAMI, FL 33175

New Principal Place of Business:

4232 MAHOGANY RIDGE DR.
WESTON, FL 33331

Current Mailing Address:

11865 SW CORAL WAY, STE J-2
MIAMI, FL 33175

New Mailing Address:

4232 MAHOGANY RIDGE DR.
WESTON, FL 33331

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALBI, HILDA M
4232 MAHOGANY RIDGE DR
WESTON, FL 33331

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BALBI, HILDA M
Address: 4232 MAHOGANY RIDGE DR
City-St-Zip: WESTON, FL 33331

Title: D () Delete
Name: ZARZALEJO, LUIS E
Address: 4232 MAHOGANY RIDGE DR
City-St-Zip: WESTON, FL 33331

Title: DS (X) Delete
Name: PORTILLO, OSWALDO
Address: 11354 NW 57TH TERRACE
City-St-Zip: MIAMI, FL 33178

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:

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: HILDA BALBI

DP

05/18/2004

Electronic Signature of Signing Officer or Director

Date