2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2007 8:00 am

						secretary of State			
DOCUMENT # P03000054771 1. Entity Name ZB78, INC.						04-04-2007 90165 031 ***150.00			
Principal Plac	e of Business	Mailing Address	na Address			40049370			
4008 PINE RIDGE LANE		4008 PINE RIDGE LANE WESTON, FL 33312							
2. Principal P	lace of Business - No P.O. Box #	B. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		•	04022007	Chg-P	CR2E034 (12/06)		
City & State		City & State			4. FEI Number 32-0077	A7 A-	~ <	oplied For of Applicable	
Zip	Country	Zip	Country	<i>'</i>			of Status Desired	S8.75 Add Fee Require	
	6. Name and Address of Current Re	gistered Agent				7. Name and	Address of New Reg	istered Agent	
ZABARDI, KAREN 4277 VINEYARD CIR WESTON, FL 33332				Name Street Address (P.O. Box Number is Not Acceptable)					
				City FL Zip Code					
	named entity submits this statement for the ions of registered agent.	ne purpose of changing its	registered	office or	register	ed agent, or both	n, in the State of Floric	da. I am familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent and	tile il applicable (MOTE	E Registered A	geni signatui	te required	aberitenstating)		CATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campai Trust Fund Conti		ng 🔲	\$5. Add	00 May Be ed to Fees			
10.	OFFICERS AND DI	RECTORS	11.			ADDITIONS/	CHANGES TO OFFICE	ERS AND DIRECTOR	SIN 11
TITLE NAME	PST ZABARDI, KAREN	☐ Delete	TITLE		200	mli Va	(en	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	4277 VINEYARD CIR WESTON, FL 33332			ADDRESS I-ZIP	400	De Pine	ren nose long 233331	e	
TITLE		☐ Delete	TITLE		00-	0,01111	<u> </u>	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET CITY-ST	ADDRESS T-ZIP					
HILE	-	☐ Delete IIT						☐ Change	Addition
NAME STREET ADDRESS		NAI SIF		ADDRESS					
CITY-S1-ZIP			CITY-SI	1 - ZI?					
TITLE NAME			TITLE NAME					☐ Change	Addition
STREET ADDRESS	_		STREET	ADDRESS					
CITY-SI-ZIP	***************************************		CITY-S1	I - ZIP					
TITLE NAME	Delete IIII.							☐ Change	Addition
STREET ADDRESS	i I			ADDRESS					
CITY-ST-ZIP	CIT		CITY-SI	T-ZiP					
TITLE	<u></u>		TITLE					Change	Addition
NAME STREET ADDRESS			MAME STREET	ADDRESS					
CITY-ST-ZIP			CITY-SI						
indicated	certify that the information supplied with the long this report or supplemental report is transportation or the receiver or trustee empoyer.	ue and accurate and that r	my signatur	re shall ha	ave the :	same legal effec	t as it made under oa'	th, that I am an office	r or director

KULL LOBELLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

SBV

030518487

Date of this notice: March 12, 2007 Notice Number: CP-209

Taxpayer Identification Number:

03-0518487

Talk Florm: 2363

010519.366147.0024.001 1 AT 0.308 370

> For assistance, call: 1-800-829-0115

ZB78 INC 4008 PINE RIDGE LN 33331-5024088 WETON FL

110519

EIN Assigned in Error

Our records indicate we have incorrectly assigned more than one employer identification number to you. The number shown above is your correct one. The following number has been incorrectly assigned: 32-0077237

We will transfer any payments or returns to your account under the correct employer identification number.

Please use the correct number and account name, exactly as shown above, on business tax returns, payments, payments made electronically, and related correspondence.

Please destroy any federal tax deposit coupon books that show the incorrect employer identification number.

If you deposit electronically, please verify that your EIN is correct before making your deposit with the financial institution designated to process your electronic funds transfer (EFT) tax payments.

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.