2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000075458

Entity Name . ZEMO, INC.



FILED Jan 28, 2008 08:00 Al Secretary of State

Principal Place of Busines's

Mailing Address

15 NE 11TH STREET
DELRAY BEACH, FL 33444

15 NE 11TH STREET DELRAY BEACH, FL 33444



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01132008 No Chg-P CR2E034 (11/05)

4. FEI Number 30-0196787 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZEMO, ROBERTA L 15 NE 11TH STREET DELRAY BEACH, FL 33444 DO NOT WRITE
IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registered o	office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept					
SIGNATURE Sprature, typed or printed name of registrored agent and use if applicable (NOTE: Registered Agent signature required when completing) DATE										
	Spinias, types of pretent term of registered agent and de-	approache (NC/12, Negralines Ag	eri eğikkere	TRECORDER WINNETTON DETERMINED!	onit.					
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Financin Trust Fund Contribution.	9 🗆	\$5.00 May Be Added to Fees						
10.	OFFICERS AND DIREC	TORS		<u> </u>						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZEMO, ROBERTA L 15 NE 11TH STREET DELRAY BEACH, FL 33444									
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000800613 01/31/08-80025-002 150.00					
TITLE HAME STREET ADDRESS CITY-ST-ZHP		,		DO	NOT WRITE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				the second	THIS SPACE					
TITLE NAME STREET ADDRESS	,									

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 flustee 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:

TITLE
HAME
STREET ADDRESS
MAY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 15, 2008
Date Date Dayling Phone