## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P03000081344

Entity Name
 ZOTA'S DESIGN-REMODELING, INC.



Principal Place of Business

9341 NW 38 PL SUNRISE, FL 33351 Mailing Address

9341 NW 38 PL SUNRISE, FL 33351

## FILED Mar 10, 2006 8:00 am Secretary of State

03-10-2006 90004 028 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

02122006 No Chg-P CR2E034 (11/05)

4. FEI Number 54-2118775 Applied For Not Applicable

5. Certificate of Status Desired

or my fam. L'out the

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZOTA, MIGUEL D 1900 N 53 AVE HOLLYWOOD, FL 33021

## DO NOT WRITE IN THIS SPACE

the obligat	riamed enally submits this statement for the p tions of registered agent.	nihose oi cusuāluā its teālistete	o once or i	egistered agent, of bo	ith, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	l Agent signatur	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZOTA, MIGUEL D 1900 N 53 AVE HOLLYWOOD, FL 33021				
NAME STREET ADDRESS CITY-ST-ZIP	VD ZOTA, MIGUEL F 1900 N 53 AVE HOLLYWOOD, FL 33021				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZOTA, MERCEDES F 1900 N 53 AVE HOLLYWOOD, FL 33021		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					, ,
TITLE					

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the Information indicated on this report of Supplemental report is type 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 teceiver by types emported to expect the 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 ying at address with all provided the provided to the corporation of the corporation of the corporation of the corporation of the teceiver of the corporation of

**SIGNATURE:** 

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

GUEL ZOTA PRESIDENT. C

974-829632

Daytime Phone