

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90028 043 ***150.00

DOCUMENT # P03000081344

1. 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

DO NOT WRITE IN THIS SPACE



04072008 No Chg-P CR2E034 (11/05)

4. FEI Number
54-2118775

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ZOTA, MIGUEL D
STREET ADDRESS 1900 N 53 AVE
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE VD
NAME ZOTA, MIGUEL F
STREET ADDRESS 1900 N 53 AVE
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE SD
NAME ZOTA, MERCEDES F
STREET ADDRESS 1900 N 53 AVE
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 trustee 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT.

07-17/08

(954) 578-9105

Date

Daytime Phone #

MIGUEL DE JESUS ZOTA -