


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90243 022 \*\*\*150.00

<b>DOCUMENT # P03000111802</b>			
1. Entity Name <b>ZANA LLAMA, INC.</b>			
Principal Place of Business <b>12 DIAMOND DR. KEY WEST FL 33040</b>		Mailing Address <b>12DIAMOND DR. KEY WEST FL 33040</b>	
2. Principal Place of Business <b>KEY WEST</b> Suite, Apt. #, etc. <b>Harbor Place Condo.</b>		3. Mailing Address <b>13957 Avon Park Cir.</b> Suite, Apt. #, etc.	
City & State <b>KEY West, FL</b>		City & State <b>Ft. Myers, FL</b>	
Zip <b>33040</b>	Country <b>USA</b>	Zip <b>33912</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>LLAMA, ZANA 12 DIAMOND DR. KEY WEST FL 33040</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LLAMA, ZANA 12 DIAMOND DR. KEY WEST FL 33040</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** ZANA LLAMA 03.06.07 (239) 267-8163  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

