


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000116037 1. Entity Name ZAZU CHARTERS, INC.	
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Principal Place of Business 2400 LAGUNA DRIVE FT. LAUDERDALE, FL 33316 US	Mailing Address 2400 LAGUNA DRIVE FT. LAUDERDALE, FL 33316 US
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01202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0800253	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TERESI, JOSEPH
2400 LAGUNA DRIVE
FT. LAUDERDALE, FL 33316**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D TERESI, JOSEPH 2400 LAGUNA DRIVE FT. LAUDERDALE, FL 3316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO DAVIS, ROBERT 28210 DOROTHY DRIVE AGOURA HILLS, CA 91301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DODGE, MARK S 28210 DOROTHY DRIVE AGOURA HILLS, CA 91301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS TERESI, ELLEN 2400 LAGUNA DRIVE FT. LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/29/05-80039-008 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

1/27/2005 **954-462-6114**
Date Daytime Phone #