


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90311 035 ***150.00

DOCUMENT # P03000131116

1. Entity Name
ZUNETOWER, INC.



Principal Place of Business
**5520 SAN VICENTE ST
 CORAL GABLES, FL 33146**

Mailing Address
**5520 SAN VICENTE ST
 CORAL GABLES, FL 33146**

94049767

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
2620 ALHAMBRA CIRCLE
 Suite, Apt. #, etc.

City & State
CORAL GABLES, FL

Zip
33134 Country
USA



03142004 Chg-P CR2E034 (10/03)

4. FEI Number
57-1194004 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**ZUNIGA, LUIS
 2620 ALHAMBRA CIRCLE
 CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE D/P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ZUNIGA, LUIS M		NAME ZUNIGA, LUIS M	
STREET ADDRESS 5520 SAN VICENTE ST		STREET ADDRESS 5520 San Vicente Street	
CITY-ST-ZIP CORAL GABLES, FL 33146		CITY-ST-ZIP CORAL GABLES, FL 33146	
TITLE	<input type="checkbox"/> Delete	TITLE D/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME ZUNIGA Sr, LUIS	
STREET ADDRESS		STREET ADDRESS 2620 ALHAMBRA Circle	
CITY-ST-ZIP		CITY-ST-ZIP CORAL GABLES, FL 33134	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Luis Zuniga, Luis ZUNIGA SR **3-15-04** **305-666-8058**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #