


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90008 007 ***150.00

DOCUMENT # P03000132786		
1. Entity Name ZACCHE DUARTE SERVICES, INC.		

Principal Place of Business 2601 NE 9TH AVENUE POMPANO BEACH, FL 33064 US	Mailing Address 2601 NE 9TH AVENUE POMPANO BEACH, FL 33064 US
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54032194



2. Principal Place of Business 2911 NE 10th TERRACE Suite, Apt. #, etc.	3. Mailing Address 2911 NE 10th TERRACE Suite, Apt. #, etc.
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04062004 Chg-P CR2E034 (10/03)

City & State POMPANO BEACH, FL	City & State POMPANO BEACH, FL
Zip 33064	Country USA
Zip 33064	Country USA

4. FEI Number
20-0408202

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent DUARTE, ANTONIO P 2601 NE 9TH AVENUE POMPANO BEACH, FL 33064	
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7. Name and Address of New Registered Agent Name ANTONIO P. DUARTE Street Address (P.O. Box Number is Not Acceptable) 2911 NE 10th TERRACE City POMPANO BEACH, FL Zip Code 33064	
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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: *Antonio Duarte* **04-06-2004**
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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D DUARTE, ANTONIO P 2601 NE 9TH AVENUE POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,D ZACCHE, CREUSA A 2601 NE 9TH AVENUE POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Creusa Zaccche* **04-06-2004 - (954) 982 0569**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #