

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90153 003 \*\*\*150.00

<b>DOCUMENT # P04000002801</b> 1. Entity Name <b>ZAPATA FLOORING, INC</b>			
Principal Place of Business <b>611 S. MILLS AVE #1 ORLANDO, FL 32801</b>		Mailing Address <b>611 S. MILLS AVE #1 ORLANDO, FL 32801</b>	
2. Principal Place of Business <b>8624 Venezia dr. Suite, Apt. #, etc. Apt. 2436 Orlando FL 32810</b>		3. Mailing Address <b>8624 Venezia dr. Suite, Apt. #, etc. Apt. 2436 Orlando FL 32810</b>	
4. FEI Number <b>45-0532277</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04082005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>ZAPATA, JOSE A 611 S MILLS AVE #1 ORLANDO, FL 32801</b>		7. Name and Address of New Registered Agent Name <b>Jose Zapata</b> Street Address (P.O. Box Number is Not Acceptable) <b>8624 Venezia dr.</b> Apt. 2436 City <b>Orlando FL.</b> <b>FL</b> Zip Code <b>32810</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>ZAPATA, JOSE A</b> <b>611 S. MILLS AVE. #1</b> <b>ORLANDO, FL 32801</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>Jose Zapata</b> <b>8624 Venezia dr. Apt. 2436</b> <b>Orlando FL. 32810</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>SMALL, JASON</b> <b>611 S. MILLS AVE #1</b> <b>ORLANDO, FL 32801</b> <input checked="" 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.			
<b>SIGNATURE:</b> <u>Jose Zapata</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4/22/05</b> <b>(407) 927-3544</b> <small>Date Daytime Phone #</small>	