


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000025973 1. Entity Name S.E. ZERQUERA INC.	
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Principal Place of Business 3403 POOLSIDE DR. GREENACRES, FL 33463	Mailing Address 3403 POOLSIDE DR. GREENACRES, FL 33463
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DO NOT WRITE IN THIS SPACE



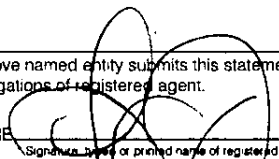
07032006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0845679	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ZERQUERA, SERGIO E 3403 POOLSIDE DR. GREENACRES, FL 33463
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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  <u>SERGIO ZERQUERA</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	U000000573942 08/09/2006-006 150.00 DATE
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FILE NOW! FEE IS \$150.00 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZERQUERA, SERGIO E 3403 POOLSIDE DR. GREENACRES, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ESTORINO, REINALDO 828 GLENRIDGE DR. WEST PALM BEACH, FL 33405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATISTA, VINCENTE 110-B WEYBRIDGE CIR. ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  <u>SERGIO ZERQUERA</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>8-6-06</u> Date	<u>563 371 2690</u> Daytime Phone #
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