

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90157 020 \*\*\*150.00

66019971



1st MOORE CR2E034 (10/04)

|   |  |   |   |
|---|--|---|---|
| <b>DOCUMENT # P04000036145</b>  |  |   |   |
| 1. Entity Name<br><b>Z-JIM INVESTMENTS, INC.</b>  |  |   |   |
| Principal Place of Business<br><b>1075 WEST MORSE BOULEVARD<br/>WINTER PARK FL 32789</b>  |  | Mailing Address<br><b>1075 WEST MORSE BOULEVARD<br/>WINTER PARK FL 32789</b>  |   |
| 2. Principal Place of Business  |  | 3. Mailing Address  |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |
| City & State  |  | City & State  |   |
| Zip   | Country  | Zip   | Country   |
| 4. FEE Number<br><b>34-1987639</b>  |  | Applied For<br>Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | \$8.75 Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent<br><b>KHOURY, ZIAD Y<br/>1075 WEST MORSE BOULEVARD<br/>WINTER PARK FL 32789</b>   |  | 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 re-registering)  |  |   |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P</b><br><b>SHAPIRO, JAMES L</b><br><b>1075 WEST MORSE BOULEVARD</b><br><b>WINTER PARK FL 32789</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>V</b><br><b>KHOURY, ZIAD Y</b><br><b>1075 WEST MORSE BOULEVARD</b><br><b>WINTER PARK FL 32789</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>S</b><br><b>KHOURY, ZIAD Y</b><br><b>1075 WEST MORSE BOULEVARD</b><br><b>WINTER PARK FL 32789</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>T</b><br><b>SHAPIRO, JAMES L</b><br><b>1075 WEST MORSE BOULEVARD</b><br><b>WINTER PARK FL 32789</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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:  |  | Date: <b>4/26/05</b> 467 682 3434   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  | Date  |   |

ATTACHMENT

66019971  
# P0400003645


1384  
60-210MST

4/26/05 Date

Pay to the Order of Kathy Carlson \$ 75.00 Dollars

Spring for

**SUNTRUST**  
SunTrust Bank

For 

1384