## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P04000042360

1. Entity Name

ZARETH METAL FRAMING, INCORPORATED



FILED Feb 25, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

11554 LAMPLIGHTER LANE #257

TAMPA, FL 33637-2719

11554 LAMPLIGHTER LANE #257

TAMPA, FL 33637-2719



01182008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-1020536

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PACHERO, ENRIQUE 11554 LAMPLIGHTER LANE #257

TAMPA, FL 33637

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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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered A			Agent signature required when reinstalling) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finar Trust Fund Contribution.	scing \$5,00 May Be Added to Fees	U00000839344 03/06/08-80003-021	150.00
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PACHECO, ENRIQUE G 11554 LAMPLIGHTER LANE #257 TAMPA, FL 33637				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PACHECO, GLORIA A 11554 LAMPHIGHTER LANE #257 TAMPA, FL 33637				i
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN .	THIS SPACE	•
TITLE NAME SIREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	partify that the information symplicid with this fi			2 Florida Statutas I further certify that	

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 impowered.

SIGNATURE:

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/08

813-477-5373

Daytime Phone #