


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 09, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90191 016 \*\*\*150.00

<b>DOCUMENT # P04000056740</b> 1. Entity Name <b>ZARATE'S CONTRACTING INC</b>					
Principal Place of Business <b>1255 N. 15TH STREET #4 IMMOKALEE, FL 34142</b>			Mailing Address <b>1255 N. 15TH STREET #4 IMMOKALEE, FL 34142</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
09072005 Chg-P CR2E034 (10/03)			4. FEI Number <b>51-0505811</b> Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			6. Name and Address of Current Registered Agent <b>ZARATE, BECKY 1255 N. 15TH STREET #4 IMMOKALEE, FL 34142</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		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: <i>Rebecca Zarate</i> <b>Rebecca Zarate</b> 9/1/05 239-657-3800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	

66027181



ATTACHMENT

CEC027181  
# P04000056740

**ZARATE'S CONTRACTING INC**  
**1255 N 15<sup>TH</sup> ST #4**  
**IMMOKALEE, FL 34142**

September 1, 2005

Division of Corporations  
P O Box 6198  
Tallahassee, FL 32314-6198

Dear Representative for Div of Corp.,

Please find enclosed a copy of the 2005 Annual Report for Zarate's Contracting Inc that filed in a timely manner. Also enclosed is a copy of the check that was sent with the report on 4/29//05.

I spoke with a representative for the Division of Corporations and I was told that a letter was sent to us stating that the report was incomplete and we needed to file a new report. This letter was not received by us, but we received a post card stating that the corporation would be dissolved on September 7, 2005. I was also told that the \$150.00 fee was received in a timely manner.

Please review the information enclosed and help us resolve this matter. Thank you for your time and cooperation in handling this problem.

Respectfully submitted,



Rebecca Zarate, Sec/Treas.

# ATTACHMENT 2005 FOR PROFIT CORPORATION ANNUAL REPORT

COPY

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2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>ZARATE, BECKY 1255 N. 15TH STREET #4 IMMOKALEE, FL 34142</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<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"/>		
<b>\$5.00 May Be Added to Fees</b>			DATE		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVD ZARATE, GILBERTO 1255 N. 15TH STREET #4 IMMOKALEE, FL 34142	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ZARATE, REBECCA 1255 N. 15TH STREET #4 IMMOKALEE, FL 34142	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
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DATE: <i>4/29/05</i> DATE			DAYTIME PHONE: <i>239-657-3800</i> DAYTIME PHONE		

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SECURITY ENHANCED DOCUMENT. See back for details.

PAY TO THE ORDER OF Florida Dept of State

One hundred fifty & no/100 \$ 150.00

DATE 4/29/05

DOLLARS

B & C BOOKKEEPING 5-87  
 PH 239-657-3800  
 1255 N. 15TH ST. STE 4  
 IMMOKALEE, FL 34142

**FCB** Florida Community Bank  
 1400 N. 15th St.  
 Immokalee, FL 34142-2202

PQ4000056740  
 FOR ZARATE'S CONSTRUCTION INC

6549

63-3921670 01

4/29/05

\$ 150.00

DOLLARS

R. Lee of Florida

FOR

ZARATE'S CONSTRUCTION INC