

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

05-04-2005 90191 016 ***150.00

DOCUMENT # P04000056740		
1. Entity Name ZARATE'S CONTRACTING INC		

Principal Place of Business 1255 N. 15TH STREET #4 IMMOKALEE, FL 34142	Mailing Address 1255 N. 15TH STREET #4 IMMOKALEE, FL 34142
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

09072005 Chg-P CR2E034 (10/03)

4. FEI Number 51-0505811	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 ZARATE, BECKY 1255 N. 15TH STREET #4 IMMOKALEE, FL 34142		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
		FL Zip Code

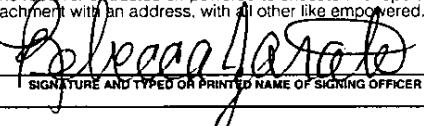
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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: 	Rebecca Zarate	9/1/05	239-1657-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

ATTACHMENT

666027181

P04000056740

**ZARATE'S CONTRACTING INC
1255 N 15TH 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

DOCUMENT # P04000056740

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ZARATE'S CONTRACTING INC



Principal Place of Business
**1255 N. 15TH STREET #4
 IMMOKALEE, FL 34142**

Mailing Address

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 IMMOKALEE, FL 34142**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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Country

04262005 Chg-P CR2E034 (10/03)

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZARATE, BECKY
 1255 N. 15TH STREET #4
 IMMOKALEE, FL 34142**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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SIGNATURE: *Rebecca Zarate*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05 239-657-3800
 Date Daytime Phone #

ATTACHMENT

66027181

Security Enhanced Document. See back for details.

B & C BOOKKEEPING PH 239-657-3800 1255 N. 15TH ST. STE 4 IMMOKALEE, FL 34142	5-87	6549	63-382/670 01
<u>Florida Dept of State</u>		DATE	<u>4/29/05</u>
<u>One hundred fifty 150/00</u>		\$ 150.00	DOLLARS
<i>Re: Name of person</i>			
FCB <small>Florida Community Bank</small> 1400 N. 15th St. Immokalee, FL 34142-2202			
FOR <u>ZARATE'S CONSTRUCTION INC</u>			