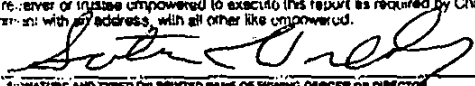


FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90163 046 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000067264			
1. Entity Name ZOCALO EBURNEO, CORP.			
Principal Place of Business 5779 N.W. 116th Avenue #103 Miami Florida 33178		Mailing Address 5779 NW 116 Avenue #103 Miami Fl 33178	
2. Principal Place of Business State, Apt. #, etc.		3. Mailing Address State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip Country	
4. FEI Number 55-0865022		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Sarita P. Varela De Velez 5779 N.W. 116 Avenue #103 Miami Florida 33178		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 date if applicable. (NOTE: Registered Agent Signature Required when name/using)			
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			
TITLE	P D ☐ Delete	TITLE ☐ Change ☐ Addition	
NAME	Sarita P. Varela De Velez	NAME	
STREET ADDRESS	5779 NW 116 Avenue #103	STREET ADDRESS	
CITY - ST - ZIP	Miami - FL - 33178	CITY - ST - ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 in an attachment with an address, with all other like empowered.			
SIGNATURE: 		4/26/2005 (305) 362-9939	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	