2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 09, 2005 8:00 am Secretary of State

DOCUMENT # P0400069174 1. Entity Name ZION COMPUTERS CORP			The state of the s	05-09-2005	90298 044 ***	
Principal Place of Business Mailing Address					EARE1	100
7493 SW 164 AVE MIAMI, FL 33193	7493 SW 164 AVE MIAMI, FL 33193				50051	1190
	·		†	SE MANUS ANDRIO ANDRES ANDRES A	EBINI BRIND BIIRD IRIUS ÜDNI I	
Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Guite, Apt. #, etc.		Chg-P	CR2E034 (10)/03)
City & State	City & State	City & State		-1054	048	Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate	of Status Desired		5 Additional equired
6. Name and Address of C	urrent Registered Agent		7. Name an	d Address of New	Registered Agent	Jednie d
URIBAZO, SERGIO	Nante	Nanie				
7493 SW 164 AVE MIAMI, FL 33193	Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
j.		City			FL Zi	p Code
The above named entity submits this states the obligations of registered agent. SIGNATURE Signature, typed or printed name of register.		DTE Registered Apant signatura req		July in the State of I	DATE	with, and accept
FILE NOW!!! FEE IS \$150. Due by September 7, 200		eaign Financing stribution.	\$5.00 May Be Added to Fees	In accordance corporation di	e with s. 607.193(2 id not receive the p	2)(b), F.S., the prior notice.
10. OFFICER	S AND DIRECTORS	11.	ADDITIONS	/CHANGES TO OR	FFICERS AND DIREC	CTORS IN 11
NAME PTS SERGIO, URIBAZO	☐ Delete	TITLE NAME			□ ct	nange 🔲 Addition
STREET ADDRESS 7493 SW 164 AVE	ss 7493 SW 164 AVE					
CITY-ST-ZIP MIAMI, FL 33193		CITY-ST-ZIP				
TITLE NAME	☐ Delele	TITLE NAME			□ cı	nange 🗌 Addition
STREET ADDRESS		STREET ADDRESS				
CITY-S1-ZIP		CITY-ST-ZIP	 			
NAME	☐ Delete	TITLE NAME			□ Cr	nange
STREET ADDRESS		STREET ADDRESS				
CIFY-ST-ZIP	☐ Defete	CITY-ST-ZIP TITLE				nange 🔲 Addition
NAME		NAME			L] 01	ange
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP				
TITLE	☐ Delete	TIFLE			□ CI	nange
NAME	_ 25550	NAME			-	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP				•
TIFLE	☐ Delete	TITLE			<u></u> □ cı	range 🔲 Addition
NAME STREET ADDRESS		NAME SITUEET ADDRESS				
STREET ADDRESS CITY-ST-ZIP		CITY ST-ZIP				
	ed with this filing does not qualify t	for the everyther state of the	Postion 110 07/2	Vi) Florida Statuto	e. I further certify the	the information

12. Thereby certify that the information supplied with this limit does not quality for the exemption stated in section 113.07(3)(f), Florida Statutes, 114ther certifying 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 visited employeers 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 a other like empowered.

SIGNATURE: __

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/05

305-926-8376

Ösytime Phone #