


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000101512 1. Entity Name TIME ZERO CORP.	
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RECEIVED
FLORIDA STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2100 PONCE DE LEON BLVD SUITE 600 CORAL GABLES, FL 33134 12000 BISCAYNE BLVD SUITE 507 MIAMI FL 33181	Mailing Address 2100 PONCE DE LEON BLVD SUITE 600- CORAL GABLES, FL 33134
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2. Principal Place of Business 12000 BISCAYNE BLVD # 507	3. Mailing Address Suite, Apt. #, etc. 507	City & State MIAMI FLORIDA
City & State MIAMI FLORIDA	City & State Suite, Apt. #, etc. 507	City & State MIAMI FLORIDA
Zip 33181	Country FLORIDA	Zip 33181

03162005 Chg-P CR2E034 (10/03) **05**

6. Name and Address of Current Registered Agent GURIAN, JORGE 2100 PONCE DE LEON BLVD SUITE 600 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name UGO V. CHIARATO Street Address (P.O. Box Number Not Acceptable) CENTRAL PUBLIC ACCOUNTANT FLORIDA AND NEW YORK STATE 12000 BISCAYNE BLVD., SUITE 507 City MIAMI, FL 33181 FL	
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4. FEI Number **20-0834465**
20-1331802

Applied For
Not Applicable

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 *Ugo V. Chiarato* DATE **MARCH 24, 2005**

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. <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	P RODRIGUEZ, CESAR 2100 PONCE DE LEON BLVD SUITE 600 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CESAR RODRIGUEZ 12000 BISCAYNE BLVD #507 MIAMI FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODRIGUEZ, PAOLA 2100 PONCE DE LEON BLVD SUITE 600 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAOLA RODRIGUEZ 12000 BISCAYNE BLVD #507 MIAMI FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TREASURER Montoya, Carolina 12000 Biscayne Blvd #507 2100 Ponce de Leon Blvd, #600 Coral Gables, FL 33134 MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300050510393 04/12/05--01009--010 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 employment.

SIGNATURE: *[Signature]* DATE **MARCH 24, 2005** DAYTIME PHONE # **(305) 899.5099**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #