

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000105218

Entity Name: ZAMORA SERVICE, INC.

FILED
Apr 25, 2008
Secretary of State

Current Principal Place of Business:

314 SOUTH 21 STREET
FT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

314 SOUTH 21 STREET
FT PIERCE, FL 34950

New Mailing Address:

FEI Number: 20-1423017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAMORA, MAXIMINO
314 SOUTH 21 STREET
FORT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZAMORA, MAXIMINO
Address: 314 S 21ST STREET
City-St-Zip: FT PIERCE, FL 34950

Title: VP () Delete
Name: ZAMORA, MAXIMINO
Address: 314 S 21ST STREET
City-St-Zip: FT PIERCE, FL 34950

Title: SEC () Delete
Name: ZAMORA, MAXIMINO
Address: 314 S 21ST STREET
City-St-Zip: FT PIERCE, FL 34950

Title: TREA () Delete
Name: ZAMORA, MAXIMINO
Address: 314 S 21ST STREET
City-St-Zip: FT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAXIMINO ZAMORA

P

04/25/2008

Electronic Signature of Signing Officer or Director

_____ Date