


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2006 8:00 am
Secretary of State

07-06-2006 90005 008 ***158.75

DOCUMENT # P04000112074 1. Entity Name ZEIDA ENTERPRISES, CORP.					
Principal Place of Business 16215 SW 117 AVE 2A MIAMI, FL 33177			Mailing Address 16215 SW 117 AVE 2A MIAMI, FL 33177		
2. Principal Place of Business <i>16687 SW 117 Ave</i>		3. Mailing Address <i>16687 SW 117 Ave</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Miami FL</i>		City & State <i>Miami FL</i>		4. FEI Number 20-1455771	
Zip <i>33177</i>		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIAZ, OSVALDO J- 7951 SW 40TH ST STE 206 MIAMI, FL 33155		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVD ARIAS, JUAN O 16215 SW 117 AVE, # 2A MIAMI, FL 33177		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVD <i>ARIAS, Juan O</i> <i>16687 SW 117 Ave</i> <i>Miami FL 33177</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD ARIAS, JESSICA 16215 SW 117 AVE, # 2A MIAMI, FL 33177		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD <i>arias Jessica</i> <i>16687 SW 117 Ave</i> <i>Miami FL 33177</i>	
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	
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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>Jessica Arias 6/19/06 (305)</i> Date _____ Daytime Phone <i>971-9383</i>		