


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90054 031 ***163.75

DOCUMENT # P05000001920 1. Entity Name ZEPA TRANSPORT INC					
Principal Place of Business 2911 ROCKAWAY COURT TAMPA, FL 33610			Mailing Address 2911 ROCKAWAY COURT TAMPA, FL 33610		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. 4213 E. TEMPLE HTS. RD		Suite, Apt. #, etc. 4213 E. Temple Hts RD			
City & State TEMPLE TERRACE FL		City & State TEMPLE Terrace			
Zip 33617		Country HILLSBOROUGH		Zip 33617	
Country HILLSBOROUGH		Country HILLSBOROUGH			
4. FEI Number 01062006			Chg-P CR2E034 (11/05)		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent ZIMIC, HUSO 2911 ROCKAWAY COURT TAMPA, FL 33610			7. Name and Address of New Registered Agent Name HUSO ZIMIC Street Address (P.O. Box Number is Not Acceptable) 4213 E. TEMPLE HTS. RD City Temple Terrace FL Zip Code 33617		
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 <u><i>[Signature]</i></u> DATE <u>01-13-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,VP ZIMIC, HUSO 2911 ROCKAWAY COURT TAMPA, FL 33610		TITLE NAME STREET ADDRESS CITY-ST-ZIP	HUSO ZIMIC 4213 E. TEMPLE HTS RD TEMPLE Terrace FL 33617	
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	
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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: <u><i>[Signature]</i></u>			01-13-06 813 988 4234		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		