

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000018594

Entity Name: MICHAEL ZAMORA, INC.

FILED  
Apr 30, 2006  
Secretary of State

## Current Principal Place of Business:

208 PLUMOSA AVE.  
LAKE PLACID, FL 33852

## New Principal Place of Business:

3015 JACARANDA AVE  
LAKE PLACID, FL 33852

## Current Mailing Address:

208 PLUMOSA AVE.  
LAKE PLACID, FL 33852

## New Mailing Address:

PO BOX 1887  
LAKE PLACID, FL 33862

FEI Number: 59-3795837

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZAMORA, MICHAEL  
208 PLUMOSA AVE.  
LAKE PLACID, FL 33852 US

## Name and Address of New Registered Agent:

ZAMORA, MICHAEL  
3015 JACARANDA AVE  
LAKE PLACID, FL 33852 US

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:

04/30/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ZAMORA, MICHAEL  
Address: 208 PLUMOSA AVE.  
City-St-Zip: LAKE PLACID, FL 33852

Title: VP ( ) Delete  
Name: OXENDINE, MAURICE  
Address: 1505 MEADOWBROOK STREET  
City-St-Zip: LAKE PLACID, FL 33852

Title: S ( ) Delete  
Name: WEBER-HOWZE, PETERBILT  
Address: 109 BRENKENRIDGE AVE.  
City-St-Zip: LAKE PLACID, FL 33852

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ZAMORA, MICHAEL  
Address: 3015 JACARANDA AVE  
City-St-Zip: LAKE PLACID, FL 33852

Title: VP (X) Change ( ) Addition  
Name: POLLARD, DWAYNE  
Address: 7 BUCKSKIN ST  
City-St-Zip: LAKE PLACID, FL 33852

Title: S (X) Change ( ) Addition  
Name: OXENDINE, MAURICE  
Address: 1505 MEADOWBROOK STREET  
City-St-Zip: LAKE PLACID, FL 33852

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL ZAMORA

P

04/30/2006

Electronic Signature of Signing Officer or Director

Date