## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 13, 2007 08:00 A Secretary of State **DOCUMENT # P05000034749** 1. Entity Name ZBS INC. Principal Place of Business Mailing Address 1401 NE 9TH ST #31 1401 NE 9TH ST #31 FT. LAUDERDALE, FL 33304 FT. LAUDERDALE, FL 33304 04112007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2474442 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ZIMMERMAN, JON 1401 NE 9TH ST #31 FT. LAUDERDALE, FL 33304 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS P/Π TITLE ZIMMERMAN, JON NAME STREET ADDRESS 1401 NE 9TH ST #31 CITY-ST-712 FT. LAUDERDALE, FL 33304 VP/T πιε ZIMMERMAN, JON NAME STREET ADDRESS 1401 NE 9TH ST #31 CITY-ST-ZIP FT. LAUDERDALE, FL 33304 TITLE NAME ZIMMERMAN, JON STREET ADDRESS 1401 NE 9TH ST #31 DO NOT WRITE CITY-ST-7IP FT. LAUDERDALE, FL 33304 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME U00000703733 STREET ADDRESS ,04/20/07-80154-001 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 if are notificer 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.

SIGNATURF:

CITY-ST-ZIP

4/10/07

954-647-4363