

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000099132

Entity Name: ZTZ TRUST CORP.

FILED
Jan 13, 2007
Secretary of State

Current Principal Place of Business:

2875 NE 191ST STREET
501
AVENTURA, FL 33180

New Principal Place of Business:

2875 NE 191ST STREET
511
AVENTURA, FL 33180

Current Mailing Address:

2875 NE 191ST STREET
501
AVENTURA, FL 33180

New Mailing Address:

2875 NE 191ST STREET
511
AVENTURA, FL 33180

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LALLOUZ, LUCIEN
2875 NE 191ST STREET
501
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

LALLOUZ, LUCIEN
2875 NE 191ST STREET
511
AVENTURA, FL 33180 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: LUCIEN LALLOUZ

01/13/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LALLOUZ, SHARON
Address: 2875 NE 191ST STREET SUITE 501
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LALLOUZ, SHARON
Address: 2875 NE 191ST STREET SUITE 511
City-St-Zip: AVENTURA, FL 33180

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: SHARON LALLOUZ

P

01/13/2007

Electronic Signature of Signing Officer or Director

Date