

2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

02-07-2006 90040 001 ***450.00
P05000143063

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DOCUMENT # P05000143063 1. Entity Name ZACZAC 308 SOLIMAR CORP.				 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1500 SAN REMO AVENUE SUITE 103 CORAL GABLES, FL 33146		Mailing Address 1500 SAN REMO AVENUE SUITE 103 CORAL GABLES, FL 33146		66000803 	
2. Principal Place of Business Suite, Apt. #, etc. <i>Suite 248</i>		3. Mailing Address Suite, Apt. #, etc. <i>Suite 248</i>		01112006 Chg-P CR2E034 (11/05)	
City & State 		City & State 		4. FEI Number 	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARED AND ASSOC. P.A. 1500 SAN REMO AVENUE SUITE 103 CORAL GABLES, FL 33146				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>Suite 248</i> City FL Zip Code	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input 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	D ZACZAC, NABIH 1500 SAN REMO AVENUE 103 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Suite 248</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZACZAC, ELIZABETH 1500 SAN REMO AVENUE 103 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Suite 248</i>	<input checked="" 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: <i>N. ZACZAC D</i>			1/11/06 3056666010		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		