


2006 FOR PROFIT CORPORATION ANNUAL REPORT

S/1

FILED
Jun 14, 2006 8:00 am
Secretary of State

05-01-2006 90362 049 ***150.00

DOCUMENT # P05000149542			
1. Entity Name ZOLAMONIQUE & ASSOCIATES, INC.			
Principal Place of Business 2180 BAYBERRY DRIVE PEMBROKE PINES, FL 33024 US		Mailing Address 2180 BAYBERRY DRIVE PEMBROKE PINES, FL 33024 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEJ Number 68-0616993		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PITTER, CARL S 7435 NW 57 STREET TAMARAC, FL 33319		Name Street Address (P.O. Box Number is Not Acceptable) 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 reconstituting)			
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	P GARRICK, ZOLA M 2180 BAYBERRY DRIVE PEMBROKE PINES, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZOLA, GARRICK M 2180 BAYBERRY DRIVE PEMBROKE PINES, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARRICK, ZOLA M 2180 BAYBERRY DRIVE PEMBROKE PINES, FL 33024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARRICK, ZOLA M 2180 BAYBERRY DRIVE PEMBROKE PINES, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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>Zola Garrick</u>		Date: <u>4/19/06</u> Daytime Phone #: <u>954-243-3558</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

66018933

(P05000149542P)

04152006 Chg-P CR2E034 (11/05)



FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 Corporate Records
 P.O. Box 6327
 Tallahassee, Florida 32314

049J82020052

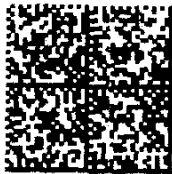


\$00.390

06/02/2006

Mailed From 32301

US POSTAGE

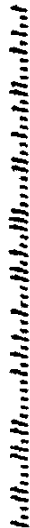


NOTE

THE LETTER IS DATED 5/18/06 AND
 THE ENVELOPE IS STAMPED 6/2/06.

I PRAY THAT YOU WILL RECEIVE
 THIS MAIL BEFORE THE DEADLINE.

THE FEE OF \$400 CONCERNS ME
 VERY MUCH.



33024+1406-80 0017

ATTACHMENT

66018933

#POST00149592