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

05-01-2006 90362 049 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000149542

1. Entity Name
ZOLAMONIQUE & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2180 BAYBERRY DRIVE PEMBROKE PINES, FL 33024 US	2180 BAYBERRY DRIVE PEMBROKE PINES, FL 33024 US

66018933

(P05000149542P)

04152006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 68-0616993 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $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 _____
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ $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 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZOLA, GARRICK M 2180 BAYBERRY DRIVE PEMBROKE PINES, FL 33024 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARRICK, ZOLA M 2180 BAYBERRY DRIVE PEMBROKE PINES, FL 33024 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARRICK, ZOLA M 2180 BAYBERRY DRIVE PEMBROKE PINES, FL 33024 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Zola Garrick — 4/19/06 — 954-243-3558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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.

ATTACHMENT

#P05000149542

06/06/89333

33024+1406-80 C017