

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000150686

FILED  
Feb 04, 2009  
Secretary of State

Entity Name: HEADSHOT-ZONE.COM, INC.

**Current Principal Place of Business:**

7921 S.W. 146TH AVENUE  
MIAMI, FL 33183

**New Principal Place of Business:**

**Current Mailing Address:**

7921 S.W. 146TH AVENUE  
MIAMI, FL 33183

**New Mailing Address:**

FEI Number: 03-0586444      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LEVINE, MARK A  
2000 S. DIXIE HWY  
SUITE 102  
MIAMI, FL 33133 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ALAY-PENA, CARLOS J  
Address: 7921 S.W. 146TH AVENUE  
City-St-Zip: MIAMI, FL 33183

Title: VD ( ) Delete  
Name: PERLE, LIDIA D  
Address: 7921 S.W. 146TH AVENUE  
City-St-Zip: MIAMI, FL 33183

Title: D ( ) Delete  
Name: ALAY, KENNETH D  
Address: 7921 SW 146TH AVENUE  
City-St-Zip: MIAMI, FL 33183

Title: D ( ) Delete  
Name: STOSSIC, KARINNA  
Address: ARTURO AGUILAR 107 SURCO  
City-St-Zip: LIMA, LI LIMA-33 PE

Title: D ( ) Delete  
Name: ALAY-MALDONADO, CARLOS A  
Address: ARTURO AGUILAR 107 SURCO  
City-St-Zip: LIMA, LI LIMA-33 PE

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LIDIA PERLE

VD

02/04/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date