

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90002 040 \*\*\*158.75

**60021285**



01312006 Chg-P CR2E034 (11/05)

4. FEI Number **76-080-7366** 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

DOCUMENT # P05000156018

1. Entity Name  
THE ZERVAS GROUP, INC.



Principal Place of Business

C/O PERLSTEIN  
SUITE 307-B  
BOCA RATON, FL 33431

Mailing Address

C/O PERLSTEIN  
SUITE 307-B  
BOCA RATON, FL 33431

2. Principal Place of Business

**9219 VIA CLASSICO EAST**  
Suite, Apt. #, etc.

3. Mailing Address

**9219 VIA CLASSICO EAST**  
Suite, Apt. #, etc.

City & State

**Wellington, FLORIDA**

City & State

**Wellington, FLORIDA**

Zip

**33411**

Country

**U.S.A.**

Zip

**33411**

Country

**U.S.A.**

PERLSTEIN, MITCHELL  
4800 N FEDERAL HWY  
SUITE 307-B  
BOCA RATON, FL 33431

Name **ZERVAS, JOHN**

Street Address (P.O. Box Number is Not Acceptable)  
**9219 VIA CLASSICO EAST**

City **Wellington**

FL

Zip Code **33411**

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 **John Zervas**  
Signature, typed or printed name of registered agent and title if applicable.

**JOHN ZERVAS**

**02/04/2006**

(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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **PRESIDENT**  
STREET ADDRESS **JOHN ZERVAS**  
CITY-ST-ZIP **9219 VIA CLASSICO EAST**  
**Wellington, FL 33411**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **JOHN ZERVAS** **John Zervas** **PRESIDENT** **02/04/2006** **561-753-0535**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #