2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0600001327

1. Entity Name

ZILLAH TARKOE ASSOCIATES, INC.



FILED

Feb 01, 2007 8:00 am Secretary of State

02-01-2007 90033 048 ***150.00

Principal Place of Business 40008377 Mailing Address 4840 N.E. 28TH AVENUE 4840 N.E. 28TH AVENUE FORT LAUDERDALE, FL 33308-4825 US FORT LAUDERDALE, FL 33308-4825 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242007 Cha-P CR2E034 (12/06) 4. FEI Number 20 -4033973 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TARKOE, ZILLAH Street Address (P.O. Box Number is Not Acceptable) 4840 NE 28TH AVE FORT LAUDERDALE, FL 33308-4825 City Zip Code Fi 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. 1 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 P, D TITLE Delete TITLE Change Addition TARKOE, ZILLAH NAME NAME 4840 NE 28TH AVENUE STREET ADDRESS STREET ADDRESS FORT LAUDERDALE, FL 33308 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME TARKOE, CLINT NAME STREET ADDRESS 4840 NE 28TH AVE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33308 CITY-ST-ZIP □ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 preview 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 attack them with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(25/0)

