2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000002438

1. Entity Name ZARÉTH PROPERTIES, CORP.



FILED Feb 25, 2008 08:00 AN Secretary of State

Principal Place of Business

11554 LAMPLIGHTER LN #257 TAMPA, FL 33637

Mailing Address

11554 LAMPLIGHTER LN #257 TAMPA, FL 33637



DO NOT WRITE IN THIS SPACE

01182008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 20-4304166 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

The first first first for the

Fee Required

6. Name and Address of Current Registered Agent

PACHECO, ENRIQUE G 11554 LAMPLIGHTER LN #257 TAMPA, FL 33637

DO NOT WRITE IN THIS SPACE

| | | | i | | | |
|---|--|--|-------------------|--|---|---------------------|
| | named entity submits this statement for the ptions of registered agent. | ourpose of changing its regist | tered office or r | egistered agent, or bo | oth, in the State of Florida. I am famili | ar with, and accept |
| 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, 2008 Fee will be \$550.00 | | Election Campaign Fir Trust Fund Contributio | | \$5.00 May Be Added to Fees | 000000839581 03/06/08-80014 -0 03 | 3 150.00 |
| 10. | OFFICERS AND DIREC | CTORS | 1 | a respective to | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PACHECO, ENRIQUE G 11554 LAMPLIGHTER LN #257 TAMPA, FL 33637 | • | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST PACHECO, GLORIA A 11554 LAMPLIGHTER LN #257 TAMPA, FL 33637 | | | | | • |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ' | THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-719 | | | | | | |

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 ampowered.

SIGNATURE: