


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90034 010 \*\*\*150.00

**DOCUMENT # P06000018942**

1. Entity Name  
 ZAVOD AUTO, INC.



Principal Place of Business      Mailing Address  
~~1046 ELLIS RD~~ 1506 CASSAT AVE      ~~1046 ELLIS RD~~ 1506 CASSAT AVE  
 JACKSONVILLE, FL 32205      JACKSONVILLE, FL 32205

**DO NOT WRITE IN THIS SPACE**



02222008      No Chg-P      CR2E034 (11/05)

4. FEI Number 59-3834517	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SAKARA, PETR G  
~~1046 ELLIS RD~~ 1506 CASSAT AVE.  
 JACKSONVILLE, FL 32205

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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: *Petr Sakara* President      DATE: 03 04 08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SAKARA, PETR G 2247 BARLAD DR JACKSONVILLE, FL 32210
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Petr Sakara* President      Date: 0304 08 (404) 878484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #