

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2008 8:00 am
Secretary of State

07-17-2008 90061 043 ***150.00

DOCUMENT # P06000062380

1. Entity Name
ZEUS SYSTEM, INC.



Principal Place of Business Mailing Address

682 JAMESTOWN BLVD. APT. 1305 **682 JAMESTOWN BLVD. APT. 1305**
ALTAMONTE SPRINGS, FL 32714 **ALTAMONTE SPRINGS, FL 32714**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

536 SUNVALLEY VILLAGE **536 SUNVALLEY VILLAGE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUIT #106 **SUIT #106**

City & State City & State

ALTAMONTE SPRINGS, FL. **ALTAMONTE SPRINGS, FL**

Zip Country Zip Country

32714 **USA** **32714** **USA**



07142008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

56-2580430 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, MARITZA
682 JAMESTOWN BLVD. APT. 1305
ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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 _____ DATE _____
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
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPTS MARTINEZ, MARITZA 682 JAMESTOWN BLVD APT 1305 ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPTS MARITZA MARTINEZ 536 SUN VALLEY VILLAGE APT106 ALTAMONTE SPRINGS, FL 32714 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Maritza Martine 7/15/08 (407)7123356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #