


**FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 04, 2008 8:00 am**  
**Secretary of State**

06-04-2008 90235 001 \*\*\*150.00  
06-04-2008 90235 002 \*\*\*250.00

DOCUMENT # <b>P06000117179</b>	
1. Entity Name <b>ZAMORA INTERPRISES, INC.</b>	

**DO NOT WRITE IN THIS SPACE**

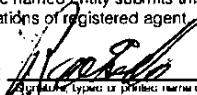
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

CR2E034B (5/07)

4. FEI Number <b>900289697</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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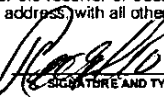
7. Name and Address of Current Registered Agent	
Name <b>RUIZ BALZA, MARIO</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>841 SAND LAKE RD</b>	
City <b>Orlando</b>	FL Zip Code <b>32809</b>

8. Title 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

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P. ZAMORA RAMOS, ROGELIO</b> <b>433 CLEMSON DR.</b> <b>AITAMONTE SPGS. FL. 32714.</b>
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 on an attachment with an address with all other like empowered.	
SIGNATURE: 	Date <b>5-25-08</b> Daytime Phone # <b>(321) 231-5678</b>