04-26-07;12:07PM;

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Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90859 014 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000135920

1. Entity Name
ZA MASTERPIECE CORP.

40094113

Principal Place of Business
~~4642 MILLCOVE DRIVE~~ 608 E. Vine St
~~ORLANDO, FL 32812~~
Kissimmee, FL 34744

Mailing Address 4624
~~4642~~ MILLCOVE DRIVE
ORLANDO, FL 32812

04262007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
608 E. Vine ST	4624 MillcoVE Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Kissimmee, FL	City & State: Orlando, FL
Zip: 34744 Country: Osceola	Zip: 32812 Country: Orange

4. FEI Number 14-1981993 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MEDINA, MIRIAM E
~~4642~~ 4624 MILLCOVE DRIVE
ORLANDO, FL 32812

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
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP NARVAEZ, EDDIE N 1307 ROYAL STREET KISSIMMEE, FL 34744	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST MEDINA, MIRIAM E 4624 MILLCOVE DRIVE ORLANDO, FL 32812	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: M. Medina 4-27-07 407-306-8706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #