

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90003 025 ***150.00

DOCUMENT # P06000143874

1. Entity Name
ZILPARTH CORPORATION



Principal Place of Business
**5402 26TH STREET WEST
BRADENTON, FL 34207 US**

Mailing Address
**5402 26TH STREET WEST
BRADENTON, FL 34207 US**

40025276



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02222007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

70-5926109

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHAH, KUNJAL P
4514 3RD ST CIR WEST #326
BRADENTON, FL 34207**

7. Name and Address of New Registered Agent

Name **Ravindra D. Patel**
Street Address (P.O. Box Number is Not Acceptable)

5402 26th St. W.

City **Bradenton**

FL

Zip Code
34207

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/23/07

**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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PRES
PATEL, HINA R
5402 26TH STREET WEST
BRADENTON, FL 34207** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TRES
PATEL, RAVINDRA D
5402 26TH STREET WEST
BRADENTON, FL 34207** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SECT
PATEL, HINA R
5402 26TH STREET WEST
BRADENTON, FL 34207** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
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CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/07

Date

Daytime Phone #