

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000143874 1. Entity Name ZILPARTH CORPORATION	
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Principal Place of Business 5402 26TH STREET WEST BRADENTON, FL 34207 US	Mailing Address 5402 26TH STREET WEST BRADENTON, FL 34207 US
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01172008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5906109	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PATEL, RAVINDRA 5402 26TH ST. W BRADENTON, FL 34207
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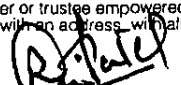
DO NOT WRITE IN THIS SPACE

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES PATEL, HINA R 5402 26TH STREET WEST BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES PATEL, RAVINDRA D 5402 26TH STREET WEST BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT PATEL, HINA R 5402 26TH STREET WEST BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: 	Date: 1/19/08	Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		