


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90022 036 ***150.00

DOCUMENT # P07000013508	
1. Entity Name FLANS BY ZOILA, INC.	

Principal Place of Business 2038 SHOMA DRIVE ROYAL PALM BEACH, FL 33414	Mailing Address 2038 SHOMA DRIVE ROYAL PALM BEACH, FL 33414
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2. Principal Place of Business - No P.O. Box # 8110 MONETARY DR.	3. Mailing Address SAME AS ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State RIWATER BEACH	City & State SAME AS ABOVE
Zip 33404	Country USA

6. Name and Address of Current Registered Agent RODRIGUEZ, ZOILA 2038 SHOMA DRIVE ROYAL PALM BEACH, FL 33414	
7. Name and Address of New Registered Agent N/A	
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, ZOILA 2038 SHOMA DRIVE ROYAL PALM BEACH, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Zoila Rodriguez **1-22-08** **561-385-7115**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #