2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 18, 2008 8:00 am Secretary of State

	ANNOAL	REPORT				Secre	ary or S	iaic
DOCUI 1. Entity Name ZILIA, CO		3111					8 90019 040 ***1	50.00
Principal Place	of Business	Mailing Address	_			228		
3315 SW 127TH CT		3315 SW 127TH CT			40048	3440		
MIAMI, FL 33		MIAMI, FL 33175					11 GBIGG IMBG INGS MAGI MAGI MA	(MB) (1 (##)
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03112008	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Numbe	152447	79 No	plied For t Applicable	
Zip	Country	Zip	Country			of Status Desired	\$8.75 Add Fee Required	
	6. Name and Address of Current	t Registered Agent	- N	7. Name and Address of New Registered Agent Name				
OLIVA, CA	DMEN 7		l IN	iarri e				
3315 SW 1 MIAMI, FL	27TH CT 🥠		Street Address (F		s (P.O. Box Numbe	P.O. Box Number is Not Acceptable)		
•			1					
				City			FL Zip Code	
the obligati	named entity submits this statement for one of registered agent.		registered o	office or regis	stered agent, or bo	in, in the State of Fi		and accept
•	Signature, typed or printed name of registered agen	I and utle if applicable. (NOTE	: Registered Age	ent signature requ	ired when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Campai Trust Fund Contr		~ ~	55.00 May Be added to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS,	CHANGES TO OFF	ICERS AND DIRECTORS	S IN 11
TITLE	P	Delete	TITLE				☐ Change	Addition
NAME	OLIVA, CARMEN Z		NAME					
STREET ADDRESS	3315 SW 127TH CT		STREET AD					
CITY-ST-ZIP	MIAMI, FL 33175	P	CITY-ST-		<u>a</u>			55 A 1 1111
TITLE		☐ Delete	TITLE	V,	DI CAN	DIIVA	Change	Addition
NAME STREET ADDRESS			NAME Street ad	ODRESS A	- (1) (22 TH CT		
CITY-ST-ZIP			CITY-ST-	ZIP 33	rami, 1	OLIVA 27 TH CT 2, 3317V	□ 0 5	
TITLE		☐ Delete	TITLE NAME				☐ Change	Addition
NAME STREET ADDRESS		~ ~ ~	STREET AC	DDRESS .				
CITY-ST-ZIP			CITY-ST-					
TITLE		☐ Delete	TITLE	 			☐ Change	Addition
NAME		L DOUGLE	NAME					
STREET ADDRESS			STREET AC	DORESS				
CITY-ST-ZIP			CITY-ST-	ZIP				
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME			NAME					
STREET ADDRESS			STREET AC	E E				
CITY-ST-ZIP			CITY-ST-	ZIP				
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME CYDEET ANDDESS			NAME STREET AL	noress			:	
STREET ADDRESS CITY-ST-ZIP	· -		CITY-ST-					
	and all advantages at the second	ale alone 69th and described to			and in Charter 11	Clorida Ctotata	I further cortin, that the !-	formation
12. I hereby of indicated	certify that the information supplied wi	th this filing does not qualify to is true and accurate and that n	r the exemp nv signature	otions contail shall have ti	neu in Unapter 11: he same legal effe	a, morida Statutės. St as if made under	oath; that I am an officer	or director

12. Thereby certify that the information supplied with this hilling does not qualify for the exemptions contained in Unapter 119, Florida Statutes. Florida Statutes, 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:	Carum 2 Acm	13/10/8	186-211-209
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #