


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90060 029 ***158.75

DOCUMENT # P07000092736 1. Entity Name ZATARAIN INC.					
Principal Place of Business 799 CRANDON BLVD. # 108 KEY BISCAVNE, FL 33149 US			Mailing Address 799 CRANDON BLVD. # 108 KEY BISCAVNE, FL 33149 US		
2. Principal Place of Business - No P.O. Box # 2101 Ponce de Leon Blvd		3. Mailing Address Suite, Apt. #, etc.			
City & State Coral Gables, FL		City & State			
Zip 33134		Country USA		4. FEI Number 26-0852088	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CATHERINE HITE, P.A. 799 BRICKELL PLAZA SUITE 700 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name CARMEN TORRES Street Address (P.O. Box Number is Not Acceptable) 185 NW 97 AVENUE City MIAMI FL Zip Code 33125		
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 <u><i>Carmen Torres</i></u> DATE <u>3/5/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD ZATARAIN, LINDA R <input type="checkbox"/> Delete 799 CRANDON BLVD. # 108 KEY BISCAVNE, FL 33149		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD ZATARAIN, JUAN M <input type="checkbox"/> Delete 799 CRANDON BLVD. # 108 KEY BISCAVNE, FL 33149		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Linda R. Zatarain</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/5/08</u> 305 569-1993 <small>Daytime Phone #</small>		