2008 FOR PROFIT CORPORATION

	ANNUAL							
DOCUMENT # P07000113117 - 1. Entity Name ZAG INTERNATIONAL INC.					FILED 08 OCT -3 PM 2: 40			
Principal Place of Business 251 VALENCIA #145159 CORAL GABLES, FL 33114 Mailing Address 251 VALENCIA #145159 CORAL GABLES, FL 33114				148819891	JALILAH TALILAH	IARY OF STAT IASSEE, FLORI	E DA	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3/5/5/5 Sw 474 Suite, Apt. #, etc. Suite, Apt. #, etc.			UTN S	· · · · · · · · · · · · · · · · · · ·				
City & State City & State				09252008 4. FEI Numb	Chg-P	CR2E034 (12/06)	oplied For	
MIA	IAMI FLORIDA MIRITI FLOR				PPPLY Not Applicable			
Zip BB1-9	35 USA	<u> </u>	Country USA	1	of Status Desired	\$8.75 Add		
6. Name and Address of Current Registered Agent Name					7. Name and Address of New Registered Agent			
GARCIA, ZAIDA					P.O. Box Number is Not Acceptable)			
CORAL GABLES, FL 33114				3/5/ SW 4TH ST. City 17/077/ FL 29 Code 3 F				
			City	1,0071	71H - 4 .	FL Za Coo	le se en	
8. The above mand 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 Structure, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinatating) DATE								
FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.								
10.	OFFICERS AND (DIRECTORS	11.	ADDITIONS	/CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
TITLE NAME	P GARCIA, ZAIDA	☐ Delete	TITLE NAME			Change	☐ Addition	
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NAME STREET ADDRESS			NAME STREET ADDRESS				ļ	
CITY-ST-ZIP			CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutos. I turther certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same logal 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 appaidness, with all other like empowered.								
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Dale Dayline Proces								
SIGNAI	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER OF	R DIRECTOR P	ESIDENT	Dale	Daytime Prione #		