


2008 FOR PROFIT CORPORATION ANNUAL REPORT


DOCUMENT # P07000113117		
1. Entity Name ZAG INTERNATIONAL INC.		

Principal Place of Business 251 VALENCIA #145159 CORAL GABLES, FL 33114	Mailing Address 251 VALENCIA #145159 CORAL GABLES, FL 33114
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2. Principal Place of Business - No P.O. Box # 3151 SW 4TH ST	3. Mailing Address 3151 SW 4TH ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.


City & State MIAMI FLORIDA	City & State MIAMI FLORIDA
Zip 33135	Country USA

6. Name and Address of Current Registered Agent GARCIA, ZAIDA 251 VALENCIA #145159 CORAL GABLES, FL 33114		7. Name and Address of New Registered Agent Name ZAIDA GARCIA Street Address (P.O. Box Number is Not Acceptable) 3151 SW 4TH ST. City MIAMI FL Zip Code 33135	
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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 	DATE

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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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 GARCIA, ZAIDA 251 VALENCIA #145159 CORAL GABLES, FL 33114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3151 SW 4TH ST. MIAMI FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VALDES, GUILLERMO 251 VALENCIA #145159 CORAL GABLES, FL 33114 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600136609766 10/03/08--01045--01 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASTELLANOS, ANGEL JR 251 VALENCIA #145159 CORAL GABLES, FL 33114 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP GARCIA ZADY 3151 SW 4TH ST. MIAMI FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S SANCHEZ JENNY 3151 SW 4TH ST. MIAMI FL 33135
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: 	DATE: 9/25/08 (305) 332-8375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT	

FILED
08 OCT -3 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09252008 Chg-P CR2E034 (12/06)