

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000050555

FILED  
Mar 04, 2009  
Secretary of State

Entity Name: ZAMBRANO PROFESSIONAL GROUP, INC.

**Current Principal Place of Business:**

1801 EMERALD COVE DR.  
CAPE CORAL, FL 33991

**New Principal Place of Business:**

**Current Mailing Address:**

1801 EMERALD COVE DR.  
CAPE CORAL, FL 33991

**New Mailing Address:**

FEI Number: 26-2663403

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ZAMBRANO, ANGEL  
1801 EMERALD COVE DR.  
CAPE CORAL, FL 33991 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ZAMBRANO, ANGEL  
Address: 1801 EMERALD COVE DR.  
City-St-Zip: CAPE CORAL, FL 33991

Title: D ( ) Delete  
Name: ZAMBRANO, PERSIDES  
Address: 1801 EMERALD COVE DR.  
City-St-Zip: CAPE CORAL, FL 33991

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGEL ZAMBRANO

D

03/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date