

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000076003

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: ZAKMET INC.

**Current Principal Place of Business:**

2351 VINTAGE STREET  
SUITE G  
SARASOTA, FL 34240 US

**New Principal Place of Business:**

**Current Mailing Address:**

2351 VINTAGE STREET  
SUITE G  
SARASOTA, FL 34240 US

**New Mailing Address:**

FEI Number: 26-3254247

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PIASCIK, ANNA M  
2351 VINTAGE STREET  
SARASOTA, FL 34240 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: P ( ) Delete  
Name: CHAWCHUNOWICZ, TOMASZ  
Address: 2351 VINTAGE STREET  
City-St-Zip: SARASOTA, FL 34240 US

Title: VP ( ) Delete  
Name: CHAWCHUNOWICZ, KAZIMIERZ  
Address: 2351 VINTAGE STREET  
City-St-Zip: SARASOTA, FL 34240 US

Title: S ( ) Delete  
Name: CHAWCHUNOWICZ, LUKASZ  
Address: 2351 VINTAGE STREET  
City-St-Zip: SARASOTA, FL 34240 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

Title: VP (X) Change ( ) Addition  
Name: PIASCIK, ANNA M  
Address: 2351 VINTAGE STREET  
City-St-Zip: SARASOTA, FL 34240 US

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

Title: T ( ) Change (X) Addition  
Name: CHAWCHUNOWICZ, KAZIMIERZ  
Address: 2351 VINTAGE STREET  
City-St-Zip: SARASOTA, FL 34240 US

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: TOMASZ CHAWCHUNOWICZ

P

04/17/2009

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

\_\_\_\_\_  
Date