2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P92000007721

1. Entity Name
ZANZI ENTERPRISES, INC.

Principal Place of Business	Mailing Address
8699 SW 122 STREET MIAMI, FL 33156 US	8699 SW 122 STREET MIAMI, FL 33156 US

DO NOT WRITE IN THIS SPACE

03312008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0369641	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

ZANZI, HUGO
8699 SW 122 STREET
MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	ZANZI, HUGO
STREET ADDRESS	8699 SW 122 ST
CITY-ST-ZIP	MIAMI, FL 33156

TITLE	VSD
NAME	ZANZI, INES F
STREET ADDRESS	8699 SW 122 ST
CITY-ST-ZIP	MIAMI, FL 33156

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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04/18/08-80055-024 150.00

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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: _HUGO ZANZI_   4/01/08   3052554734

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #