


2005 FOR PROFIT CORPORATION ANNUAL REPORT

U6-14-2005 90001 011 ***158.75

FILED P92000010179
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 17 AM 9:58

DOCUMENT # P92000010179						
1. Entity Name Z PAK INC.						
Principal Place of Business 4438 SEILS WAY ORLAND, FL 32812 US			Mailing Address P.O. BOX 621586 ORLANDO, FL 32862 US			
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		Zip		
Country		Country		4. FEI Number 59-3169432		
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ARROCHA, MELITON III 4438 SEILS WAY ORLANDO, FL 32812				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL				Zip Code		
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 <u>Meliton Arrocha III</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>6/10/05</u> <small>(NOTE: Registered Agent signature required when reissuing)</small>		
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARROCHA, MELITON III 4438 SEILS WAY ORLANDO, FL 32812		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Meliton Arrocha III</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>6/10/05</u> <u>321-233-0250</u> <small>Daytime Phone #</small>		