

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90009 010 ***150.00

DOCUMENT # P94000023222					
1. Entity Name ZARRO CEMENT FINISHING INC.					
Principal Place of Business 4191 W BONANZA DRIVE BEVERLY HILLS, FL 34465 US			Mailing Address 4191 W BONANZA DRIVE BEVERLY HILLS, FL 34465 US		
2. Principal Place of Business		3. Mailing Address 4191 W BONANZA DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State BEVERLY HILLS			
Zip	Country	Zip 34465-4485	Country US	4. FEI Number 59-3231784	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ZARRO, MICHAEL V 4191 W BONANZA DRIVE BEVERLY HILLS, FL 34465			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 ZARRO, MICHAEL V 4191 N BONANZA DRIVE BEVERLY HILLS, FL 34465	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ZARRO, MICHAEL V 4191 W BONANAZA DRIVE BEVERLY HILLS, FL 34465	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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:		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			MICHAEL V ZARRO PRESIDENT		
Date			2-6-04		
Daytime Phone #			352-527-3246		