



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2005 8:00 am**  
**Secretary of State**

01-19-2005 90001 033 \*\*\*150.00

<b>DOCUMENT # P94000023222</b> 1. Entity Name <b>ZARRO CEMENT FINISHING INC.</b>					
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 <b>154 N SAVARY AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>154 N SAVARY AVE</b> Suite, Apt. #, etc.			
City & State <b>INVERNESS FL</b>		City & State <b>INVERNESS, FL</b>		4. FEI Number <b>59-3231784</b>	
Zip <b>34453-9735</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ZARRO, MICHAEL V</b> <b>4191 W BONANZA DRIVE</b> <b>BEVERLY HILLS, FL 34465</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>154 N SAVARY AVE</b> City <b>INVERNESS</b> <b>FL</b> Zip Code <b>34453</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ZARRO, MICHAEL V</b> <b>4191 N BONANZA DRIVE</b> <b>BEVERLY HILLS, FL 34465</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>154 N SAVARY AVE</b> <b>INVERNESS FL 34453</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST <b>ZARRO, MICHAEL V</b> <b>4191 W BONANZA DRIVE</b> <b>BEVERLY HILLS, FL 34465</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>154 N SAVARY AVE</b> <b>INVERNESS FL 34453</b>	
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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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	
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	
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.					
<b>SIGNATURE:</b>  <b>MICHAEL V ZARRO</b> <b>1-14-05</b> <b>352-302-7566</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>PRGIDENT</b> Date Daytime Phone #					

**50003368**



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