Mar 29 04 05:24p ECFS 305-44

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 2004

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90256 021 ***150.00

DOCUMENT # P94000044260

1. Entity Name

ZERO COLLECTION, INC.

DO NOT WRITE IN THIS SPACE

94075830

2. Principal Place of Business	3. Mailing Address
19244 NW 48TH AVE	19244 NW 48TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33055 Country: USA	Zip: 33055 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0497712 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**

Name: VALDES, CARLOS E.

Street Address (P.O. Box Number is Not Acceptable): 19244 NW 48TH AVE

City: MIAMI FL Zip Code 33055

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.

SIGNATURE X ______ DATE

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VALDES, CARLOS E 19244 NW 48TH AVe MIAMI FL 33055	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034R (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 04/26/04 305-926-6623

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