2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000002805

1. Entity Name
ZEECO CORPORATION

Principal Place of Business	Mailing Address
10225 COLLINS AVENUE #504 BAL HARBOUR, FL 33154	2121 PONE DE LEON BLVD. #1100 CORAL GABLES, FL 33134 US

DO NOT WRITE IN THIS SPACE

03122007   No Chg-P   CR2E034 (11/05)

4. FEI Number
65-0556060

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HORWITZ, SANFORD B
2121 PONCE DE LEON BLVD.
#1100
CORAL GABLES, FL 33134

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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	ZUCKERMAN, SOL
STREET ADDRESS	2121 PONCE DE LEON BLVD., #1100
CITY-ST-ZIP	CORAL GABLES, FL 33134

U000000726439
05/04/07-80007-019 150.00

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____   786-877-7170

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