2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 22, 2007 08:00 AM Secretary of State

| Principal Place of Business Solit Across Soli | DOCUMENT # P9500008972 1. Enlity Name ZAMCO INTERNATIONAL, INC. | | | | | Secretary of State | | | |
|---|--|--------------------------------|---------------------|-----------|------------------|---------------------------------------|-----------------|-------------------|---------------|
| PALM BEACH CARDENS, FL 33418-4536 2. Principal Placor of Business - No. P.O. Box 4 | | | - | | | 1 | | | |
| Suite, Apt. 4, etc. City & State | | | | | 3418-4536 | | | | |
| Suite, Apl. 4, etc. City & State | 9 Determine (F | | | | | | | | |
| City & State City & State City | 2. Principal Place of Business - No PO. Box # | | | | | | | | 81481 82 |
| Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Requirement Fee Requiremen | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 01042007 | Chg-P | CR2E034 (12/06 |) |
| S. Name and Address of Current Registered Agent S. Name and Address of Status Desired S. Name and Address of Status Desired S. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered differ or registered agent, or both, in the State of Florida. I am formillar with, and accept the obligations of registered agent. Signature Provided International Internati | City & State | | City & State | | | | 03 | | |
| AMBRANO, GABRIEL 9011 GARDENS GLEN CIRCLE PALM BEACH GARDENS, FL 33418-4536 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 agent or prediction of registered agent agent of predictions of registered agent agent of 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 agent or breat agent agent of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Compaging Financing S5.00 May 9e Added to Fee | Zip | Country | Zip | Cour | ntry | | | □ \$8.75 A | dditional |
| AMBRANO, GABRIEL 9011 GARDENS GLEN CIRCLE PALM BEACH GARDENS, FL 33418-4536 6. 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 familier with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$\$50.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS IN 11 TITLE VP ZAMBRANO, GABRIEL 9011 GARDENS GLEN CIRCLE 9014 GARDENS GLEN CIRCLE 9014 GARDENS GLEN CIRCLE 9015 GARDENS GLEN CIRCLE 9014 GARDENS GLEN CIRCLE 9015 GARDENS GLEN CIRCLE 9016 GARDENS GLEN CIRCLE 9016 GARDENS GLEN CIRCLE 9017 ST-2P TITLE NAME 1016 GARDENS GLEN CIRCLE 9016 GARDENS GLEN CIRCLE 9017 GARDENS GLEN CIRCLE 9018 GARDENS GLEN CIRCLE 9019 GARDENS 9011 G | | 6. Name and Address of Current | Registered Agent | <u>.</u> | | 7. Name and Ad | idress of New R | | |
| Singer packs Si | ZAMBRAN | IO, GABRIEL | | | Name | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatu | 9011 GARDENS GLEN CIRCLE | | | | Street Address (| s (P.O. Box Number is Not Acceptable) | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatu | | | | | 632 | | | | |
| SIGNATURE Signature Signa | | | | | ' | FL ` | | | |
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| CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information | CITY-ST-ZiP | | | CITY | -ST-ZIP | | | | |

12. I neredy certify that the information supplied with this filling does not quality 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 19, 2007

Daytime Phone #