2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUME	NT#	P9500	0001	4487
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1. Entity Name

ZAMÁM TRADING, INC.



Principal Place of Business

4800 N 37TH STREET HOLLYWOOD, FL 33021 Mailing Address

4800 N 37TH STREET HOLLYWOOD, FL 33021



DO NOT WRITE IN THIS SPACE

1 186/1869 146 1	5151 BWII BGIM BBIII BBI	:: 55:5: 11511 5:E11 E151: 15:11 15:E5: 1	
12242007	No Cha-P	CR2E034 (11/05)	

4. FEI Number 65-0562272	 Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZAHAVI, MICHAEL PRESIDE 4800 N 37TH STREET HOLLYWOOD, FL 33021

CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the points of registered agent.	urpose of changing its registered of	flice or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable (NOTE: Registered Age	n) signature required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		U00000665911 03/23/07-80049-010 150.00	
10.	OFFICERS AND DIRECT	TORS			
NAME SIREET ADDRESS CITY-ST-ZIP	PD ZAHAVI, MICHAEL 4800 N 37TH STREET HOLLYWOOD, FL 33021				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ZAHAVI, MALKA 4800 N 37TH STREET HOLLYWOOD, FL 33021				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPACE	
NAME STREET ADDRESS CITY-SI-ZIP					
TITLE NAME STREET ADDRESS					

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: M. Jakou	63-10-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #