

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90120 037 \*\*\*150.00

**DOCUMENT # P95000022729**

1. Entity Name  
**Z & N VLASNIK CORP.**



Principal Place of Business  
**7145 CARLYLE AVE.  
MIAMI BEACH, FL 33141**

Mailing Address  
**9048 BYRON AVE.  
SURFSIDE, FL 33154 US**



06302004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0567200**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

**NEVENKA MATORCEVIC  
9048 BYRON AVE.  
MIAMI BCH, FL 33154**

**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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MATORCEVIC, ZIVIKO
STREET ADDRESS	9048 BYRON AVE.
CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	S
NAME	MATORCEVIC, NEVENKA
STREET ADDRESS	9048 BYRON AVE.
CITY-ST-ZIP	SURFSIDE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Nevenka Matorcevic* **NEVENKA MATORCEVIC** 7/1/04

TO: FLA DEPT OF STATE  
RE: U.B.R. - 2004

7/1/2004 44047349  
DOL PG50 000 22 739

ENCLOSED IS OUR 2004 ANNUAL REPORT, WITH A  
CHECK FOR \$150<sup>00</sup>

WE HAD COMPLETED OUR REPORT "ON-LINE" + WITH A  
CREDIT CARD (MASTERCARD) PAYMENT. THE PAYMENT EVIDENTLY  
DID NOT GO THROUGH, BUT WE WERE NEVER NOTIFIED, THAT IT  
NEVER WENT THROUGH.

WE DID NOT REALIZE THIS UNTIL WE RECEIVED THE  
"NOTICE OF INTENT TO DISSOLVE"

PLEASE ACCEPT THE FORM + CHECK AS A TIMELY  
FILING

Nevenka Matorevic  
NEVENKA MATOREVIC