2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

	ANNOAL	LLONI		pair 17, 2000 00:00 Tai				
1. Entity Nar	MENT # P9500003484 ZONE, INC.	14 =			Secr	etary of S	State	
Principal Plac	ce of Business	Mailing Address	=					
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SANFORD, F		SANFORD, FL 32771 US		}				
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			- de Maria de la constanta	5. Certificate of St	tatus Desired	S8.75 Add		
	6. Name and Address of Current Regi	stered Agent	টিবার্কটারের সির্গাল সং	1		rea Require	<del></del>	
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the obligation	named entity submits this statement for the tions of registered agent.	purpose of changing its registere	ed office or register	ed agent, or both, in	the State of Flori	da. I am familiar with,	and accept	
-	•	,	÷i .	<i>,</i> ,	•			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  DATE								
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FILE NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				00 May Be ad to Fees	0000003 1-19/06–1	387595 30044-016 15	0.00	
10.	. OFFICERS AND DIRE	CTORS	r		·	<del></del>		
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STREET ADDRESS	2820 SUNLAKE LOOP APT #102		Ì					
CITY-ST-ZIP	LAKE MARY, FL 32748		^~ <del>~~</del>		5.	<del></del>		
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	and Mark Mark Mark Mark Mark Mark Mark Mark		-	**************************************		La de la Carta Maria La Carta	;=	
indicated	permy that the information supplied with this f on this report or supplemental report is true.	lling does not qualify for the exe and accurate and that my signate	mptions contained are shall have the s	in Chapter 119, Flor ame legal effect as if	ida Statutes. I fu I made under oa	rther certify that the in	ntormation )	
12. Thereby 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 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 chapted or no an attachment with an address, with all offset like empowered.								