

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000054208

1. Entity Name
ZERON'S IRON CRAFT, INC.



Principal Place of Business

4363 E. 10TH LANE
HIALEAH, FL 33013

Mailing Address

4363 E. 10TH LANE
HIALEAH, FL 33013



01232004 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0592765

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEE, XIOMARA PA
2380 SW 30TH CT
MIAMI, FL 33155

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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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000063000
02/23/04-80144-009 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ZERON, JOSE A
2721 WEST 74 STREET
HIALEAH, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
RIVERA, WALTERIO
1107 N.W. 130TH AVENUE
MIAMI, FL 33182

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jose Zeron. 2-18-04 305 769 2220.