FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90393 028 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000004337

1. Entity Name
ZOLRAK & DURKON, INC.

9900J0---

Principal Place of Business	Mailing Address
C/O BWET BUSINESS ADVISORS INC 9050 PINES BLVD STE 450-8 PEMBROKE PINES, FL 33024	C/O BWET BUSINESS ADVISORS INC 9050 PINES BLVD STE 450-8 PEMBROKE PINES, FL 33024

04012004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
C/o BW&T Business Advisors, Inc		C/o BW&T Business Advisers, Inc	
Suite, Apt. #, etc.: 9050 Pines Blvd. Suite 450		Suite, Apt. #, etc.: 9050 Pines Blvd. Suite 450	
City & State: Pembroke Pines, FL		City & State: Pembroke Pines, FL	
Zip: 33024	Country: USA	Zip: 33024	Country: USA

4. FEI Number: 65-0630961 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
D'ZREZZO, CARLOS C/O BWET BUSINESS ADVISERS INC 9050 PINES BLVD STE 450-8 PEMBROKE PINES, FL 33024	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DAREZZO, CARLOS 9050 PINES BLVD STE 450-8 PEMBROKE PINES, FL 33024	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MONGE, JOSE R 9050 PINES BLVD STE 450-8 PEMBROKE PINES, FL 33024	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] 4-15-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #