


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2003 8:00 am
Secretary of State

04-22-2003 90063 020 ***150.00

DOCUMENT # P97000006861

1. Entity Name
ZILA'S INTERNATIONAL TRANSPORTATION, INC.



Principal Place of Business
**504 FAHEY COURT
ORLANDO FL 32824**

Mailing Address
**4972 EAGLESMERE DR
APT #935
ORLANDO FL 32819**



2. Principal Place of Business
4980 WATERSIDE POINT CIR.

3. Mailing Address
4980 WATERSIDE POINT CIR.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
ORLANDO / FLORIDA

City & State
ORLANDO / FLORIDA

4. FEI Number
59-3430083

Applied For
 Not Applicable

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

Zip
32829

Country
ORANGE

Zip
32829

Country
ORANGE

6. Name and Address of Current Registered Agent

**DE ABREU, JOAO B
7061 GRAND NATIONAL DR
STE 105B
ORLANDO FL 32819**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 OWNER	<input type="checkbox"/> Delete	TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DE ABREU, JOAO B		NAME BEZERRA, CELIA	
STREET ADDRESS 7061 GRAND NATIONAL DR STE 105B		STREET ADDRESS 4972 EAGLESMERE DR. # 935	
CITY-ST-ZIP ORLANDO FL 32819		CITY-ST-ZIP ORLANDO, FL 32819	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: SIG. CELIA BEZERRA DE ABREU **4/21/03** **407-468-6446**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)