


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000066542

1. Entity Name
ZORBA MARKETING, INC.



Principal Place of Business Mailing Address

13001 PORT SAID ROAD 4451 NW 16TH ST K109
 BAY #18 FT LAUDERDALE, FL 33313
 OPA LOCKA, FL 33054 US

DO NOT WRITE IN THIS SPACE



01272006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 65-0780911 Not Applicable

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

6. Name and Address of Current Registered Agent

GHOGHOS, JOAQUIN A
 4451 NW 16 ST. K 109
 FORT LAUDERDALE, FL 33313

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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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GHOGHOS, JOAQUIN A
STREET ADDRESS	4451 NW 16TH ST K109
CITY-ST-ZIP	FT LAUDERDALE, FL 33313
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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12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joaquin Ghoghos JOAQUIN GHOGHOS 03-28-06 954-401-0816

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