2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000068423

1. Entity Name
ZARAGOZA, INC.

Principal Place of Business	Mailing Address
255 SOUTH ORANGE AVENUE SUITE 1700 ORLANDO, FL 32801	255 SOUTH ORANGE AVENUE SUITE 1700 ORLANDO, FL 32801

01302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3469035
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROSS, THOMAS T
255 SOUTH ORANGE AVENUE
SUITE 1700
ORLANDO, FL 32801

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	VSD
NAME	AUFSEESSER, ERNST
STREET ADDRESS	20 CH COLLADON CH 1209 GENEVA
CITY-ST-ZIP	SWITZERLAND,
TITLE	TD
NAME	KURZ, PETER
STREET ADDRESS	35 CH DE LA SEYMAZ CH 1253 VANDEOUVRES
CITY-ST-ZIP	SWITZERLAND,
TITLE	D
NAME	WEBER, JEAN-PIERRE
STREET ADDRESS	BELCHENSTRASSE 19 CH 4054 BASEL
CITY-ST-ZIP	SWITZERLAND,
TITLE	PD
NAME	ROSS, THOMAS T
STREET ADDRESS	255 SOUTH ORANGE AVENUE
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	V
NAME	SAATHOFF, DWIGHT D
STREET ADDRESS	255 S. ORANGE AVE.
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/06-80035-002 150.00

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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: _____ 3/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #