## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT			
DOCUMENT # P9700068423  1. Entity Name ZARAG OZA, INC.			2007 APR -9 PM 2: 39
			SECKETARY OF STATE
Principal Place of Business 255 SOUTH ORANGE AVENUE SUITE 1700 ORLANDO, FL 32801	Mailing Address 255 SOUTH ORANGE AVEN SUITE 1700 ORLANDO, FL 32801	UE	SECKETARY OF STATE TALLAHASSEE FLORIDA
Principal Place of Business - No P.O. Box #     3. Mailing Address     420. C. Occupant Arm.			
420 S. Orange Ave Suite Apt. #, etc. Suite 1200	420 S. Orange Av Suite, Apt. #, etc. Suite 1200	<b>.</b>	02232007 Chg-P CR2E034 (12/06)
City & State Orlando, FL	City & State Orlando, F	L	4. FEI Number Applied For 59-3469035 Not Applicable
Zip Country 32801 US	1 '0-0-1	Country 0.5	Certificate of Status Desired
6. Name and Address of	<u> </u>		7. Name and Address of New Registered Agent
ROSS, THOMAS T 255 SOUTH ORANGE AVENUE SUITE 1700 ORLANDO, FL 32801		Street Addres 515 F. P	rpDirect Agents, Inc. ss (P.O. Box Number is Not Acceptable) Park Ave  Llahessee FL Zin Code Zin 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 ac			
the obligations of registered agent.  Nevin R. Blands Puillet 4-9-87			
SIGNATURE			
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees			
10. OFFICE	S AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ☐ Change ☐ Addition
NAME AUFSEESSER, ERNST NAM		NAME STREET ADDRESS	E. Gilarige
CITY-S1-ZIP SWITZERLAND,		CITY-ST-ZIP	
NAME KURZ, PETER NAME STREET ADDRESS 35 CH DE LA SEYMAZ CH 1253 VANDEOUVRES STREE		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D Detete TITLE NAME WEBER, JEAN-PIERRE NAME		ITILE NAME	☐ Change ☐ Addition
STREET ADDRESS   BELCHENSTRASSE 19 CH 4054 BASEL   STREET		STREET ADDRESS CITY-ST-ZIP	400097570024 04/19/0701032020 **150.00
TITLE PD ROSS, THOMAS T STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801	□ Delete	STREET ADDRESS Sui	□XChange □ Addition ss Thomas T. ite 1200, 420 S. Orange Ave rlando, FI 32801
TITLE NAME SAATHOFF, DWIGHT D STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801	ĹÌ∑Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME SIREET ADDRESS CITY-ST-ZIP	☐ Delete	IIILE NAME STREET ADORESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filling 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:	PULLIZ /	MIGI.	3/15/07 Date Doylume Phone #