

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000009440

Entity Name: ZONA ALTA MIAMI, INC.

FILED
Apr 14, 2004
Secretary of State

Current Principal Place of Business:

11 CLEARVIEW BLVD
FORT MYERS BEACH, FL 33931

New Principal Place of Business:

13 FAIRVIEW BLVD
FORT MYERS BEACH, FL 33931

Current Mailing Address:

11 CLEARVIEW BLVD
FORT MYERS BEACH, FL 33931

New Mailing Address:

13 FAIRVIEW BLVD
FORT MYERS BEACH, FL 33931

FEI Number: 65-0808031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VRILLAUD, ALBERTO D
11 CLEARVIEW BLVD
FORT MYERS BEACH, FL 33931 US

Name and Address of New Registered Agent:

VRILLAUD, ALBERTO D
13 FAIRVIEW BLVD
FORT MYERS BEACH, FL 33931 US

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.

SIGNATURE: ALBERTO VRILLAUD

04/14/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VRILLAUD, ALBERTO D
Address: 11 CLEARVIEW BLVD
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: V () Delete
Name: VRILLAUD, PATRICIA M
Address: 11 CLEARVIEW BLVD
City-St-Zip: FORT MYERS BEACH, FL 33931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VRILLAUD, ALBERTO D
Address: 13 FAIRVIEW BLVD
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: V (X) Change () Addition
Name: VRILLAUD, PATRICIA M
Address: 13 FAIRVIEW BLVD
City-St-Zip: FORT MYERS BEACH, FL 33931

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA VRILLAUD

V

04/14/2004

Electronic Signature of Signing Officer or Director

Date