

**FILED**  
**May 30, 2003 8:00 am**  
**Secretary of State**

05-30-2003 90086 027 \*\*\*150.00

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

**DOCUMENT # P98000051317**



1. Entity Name  
**ZABRIANO, INC.**

Principal Place of Business  
**1200 CLINT MOORE ROAD  
 SUITE 14  
 BOCA RATON FL 33487**

Mailing Address  
**1200 CLINT MOORE ROAD  
 SUITE 14  
 BOCA RATON FL 33487**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State City & State

4. FEI Number **65-0842457** Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**APEL, DARREN  
 6168 NW 24TH STREET  
 BOCA RATON FL 33434**

Name **APEL, DARREN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1200 CLINT MOORE ROAD #14**  
 City **BOCA RATON** FL Zip Code **33487**

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 *Darren Apel* **DARREN APEL** 4-22-03  
Signature, typed or printed name of registered agent and title if applicable. (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  Delete  
**P**  
 NAME **APEL, DARREN**  
 STREET ADDRESS **6168 NW 24TH ST**  
 CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE  Change  Addition  
**P**  
 NAME **APEL, DARREN**  
 STREET ADDRESS **1200 CLINT MOORE ROAD #14**  
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE  Delete  
**V**  
 NAME **APEL, MICHAEL**  
 STREET ADDRESS **6480 VIA ROSA**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

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: *Darren Apel* **DARREN APEL** 4-22-03 561 984 8311  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/0/02)