## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 29, 2005 08:00 AM Secretary of State DOCUMENT # P98000057768 1. Entity Name ZANKEY CONSTRUCTON CORP. Principal Place of Business Mailing Address 2929,SW 3RD AVE STE 610 MIAMI FL 33129 2929 SW 3RD AVE STE 610 MIAMI FL 33129 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 65-0846806 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZANGEN, ALEX Street Address (P.O. Box Number is Not Acceptable) 2929 SW 3RD AVE STE 610 MIAMI FL 33129 City Zip 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 accept the obligations of registered agent SIGNATURE 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 MILE Delete TITLE Change Addition NAME ZANGEN, ALEX NAME 1,00000343632 STREET ADDRESS 2929 SW 3RD AVE STE 610 STREET ADDRESS 04/29/05-80104-009 150.00 CITY-ST-ZIP MIAMI FL 33129 CITY-ST-ZIP THILE Delete THTI F Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling does not gualify for the exemption stated in Section 119 07(3)(f), 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.

ALEY ZANCEN

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED