2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: &

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 26, 2004 8:00 am Secretary of State 03-26-2004 90029 008 ***150.00

DOCUMENT # P98000078769 1. Entity Name ZUMEX, INC.									03-20-200	90023	008 ***130	00	
Principal Place of Business Mailing Address						•							
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MIAMI, FL 33166 US				MIAMI, FL 33166 US									
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2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03222004	Chg-P	Cf	R2E034 (10/03)	·	
City & State				City & State				4. FEI Numbe 65-086				pplied For lot Applicable	
Zip	Country			Zip Coun		try	5. Certificate of Status Desired			red 🗀	\$8.75 Additional Fee Required		
	6. Name	and Address	of Current Regi	stered Agent			7. Name and	Address of N	ew Registe	ered Agent			
						Name	Di	CARd	n M	ADIC	\neg		
XIRAU, JU 7376 NW 5		:т				Street A	ddress (P.O. Box Numb	er is Not Accer	otable)	- <u></u> -		
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	named entit		statement for the	purpose of changing its	s register	ed office or	register	ed agent, or bo	th, in the State	of Florida.	I am familiar with	, and accept	
l woodingat	(), J	2 4	\wedge									-	
SIGNATURE	Signatura burger	lor printed come of	registered agent and title	n if coolingble (NO)	E. Booletare	d Agent signat	TO TODAY	when reinstating)			DATE	 [
	Signature, typeu	or philips traine or t	edistored agent should	en applicable. (NOT	c. nogistere	o Agent agnati	re required	when remarking)			JAIE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.							\$5. Add	.00 May Be ed to Fees					
10.		OFF	ICERS AND DIRE	CTORS	11,					OFFICERS	S AND DIRECTOR		
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12. Thereby	centry that th	ie information s	supplied with this	mind goes not quality to	UI (NO OXE	mpuon sta	tea iu ≳e	∌∪uon i 19.07(3)	u, rionda Stat	utes, Hann	ror cerniy mat the	miormation	
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.												er or director	