

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90078 018 ***150.00

DOCUMENT # P98000102685

1. Entity Name
ZAMCO ENTERPRISES, INC.



Principal Place of Business
**1837 S STATE RD 7
FORT LAUDERDALE, FL 33317**

Mailing Address
**1837 S STATE RD 7
FORT LAUDERDALE, FL 33317**

DO NOT WRITE IN THIS SPACE



04052005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0880959

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RAMCHARITAR, NARINA
1837 S STATE RD 7
FORT LAUDERDALE, FL 33317**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
AMEER, MOHAMED
13761 APPALACHIAN TRAIL
DAVIE, FL 33325**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
AMEER, XAVIER S
13761 APPALACHIAN TRAIL
DAVIE, FL 33325**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
AMEER, JOAN
13761 APPALACHIAN TRAIL
DAVIE, FL 33325**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: *Ramcharitar Accountant*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-05 *954-197-6844*
Date Daytime Phone #