

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90013 038 \*\*\*150.00

**DOCUMENT # P99000002646**

1. Entity Name  
**CHEETERS, INC.**



Principal Place of Business  
**3043 JOHNSON STREET  
HOLLYWOOD, FL 33021**

Mailing Address  
**3043 JOHNSON STREET  
HOLLYWOOD, FL 33021**

**44050063**



2. Principal Place of Business

**250 N. DIXIE HWY.**

Suite, Apt. #, etc.

**SUITE #14**

City & State

**Hollywood, FL**

Zip

**33020**

Country

**USA**

3. Mailing Address

**250 N. DIXIE HWY**

Suite, Apt. #, etc.

**SUITE #14**

City & State

**Hollywood, FL**

Zip

**33020**

Country

**USA**

07092004

Chg-P

CR2E034 (10/03)

4. FEI Number

**65-0900772**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SASLAW, GARY R  
20801 BISCAYNE BLVD, S-304  
AVENTURA, FL 33180**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **ZIGARAC, KEVIN**  
STREET ADDRESS **2273 S.W. 132ND WAY**  
CITY-ST-ZIP **DAVIE, FL 33325**

TITLE **S** ☐ Delete  
NAME **ZIGARAC, PAMELA**  
STREET ADDRESS **2273 SW 132ND WAY**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33325**

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete  
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TITLE ☐ Delete  
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STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ 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:

*Pamela Zigarac*  
**PAMELA ZIGARAC**

**7-16-04** (954)  
**893-0380**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #