2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2005 08:00 AM Secretary of State

DOCUI 1. Entity Nam Z.P., INC		37			Sec.	Tetary of State	ラ
Principal Plac 720 N.E. 18: NORTH MIAN	· ·	Mailing Address 720 N.E. 182 STREET NORTH MIAMI BEACH, FL 331	62	1 (25)			
D	OO NOT WRITE I	CE	01202005 4. FEI Number 65-0934	No Chg-P	CR2E034 (10/03) Applied For Not Applicab \$8.75 Additional Fee Required	le	
PAPIR, ZARA 720 N.E. 182 STREËT NORTH MIAMI BEACH, FL 33162			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 Signature, typed or printed name of registered agent and the if applicable (NOTE. Registered Agent signature required when rehistaling) DATE							
	E NOW!!! FEE 18 \$150.00 ay 1, 2005 Fee will be \$550.00		.00 May Be led to Fees	00000 04/28205	0337919 -80015-003_150_00		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR D PAPIR, ZARA 720 N.E. 182 STREET NORTH MIAMI BEACH, FL 33162	ECTORS			And the second s		
TITLE NAME STREET ADDRESS GITY+ST-ZIP							? ?
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W		io ^{ter}
NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby of indicated of the cor	certify that the information supplied with this on this report or supplemental report is true poralion or the receiver or trustee empower	stiling does not qualify for the exe e and accurate and that my signa red to execute this report as requi	mption stated in Seture shall have the red by Chapter 60	ection 119.07(3)(i) same legal effect 7. Florida Statutes	, Florida Statutes. I as if made under one and that my name	I further certify that the information bath; that I am an officer or director a populars in Block 10 or Block 11	if.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICEN OR DIRECTOR 4/36/05 305) 301-6403