

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P99000094719

1. Entity Name  
ZORY TRADING CORP.



Principal Place of Business

2975 NW 17TH AVENUE  
MIAMI, FL 33142

Mailing Address

2975 NW 17TH AVENUE  
MIAMI, FL 33142



02122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0960042

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fees Required

6. Name and Address of Current Registered Agent

FERNANDEZ, ZORAIDA  
2975 NW 17TH AVENUE  
MIAMI, FL 33142

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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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FERNANDEZ, ZORAIDA
STREET ADDRESS	2975 NW 17 AVE
CITY- ST- ZIP	MIAMI, FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000692792  
04/16/07-80014-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-07 (305) 6380411

Date

Daytime Phone #