


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 10, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # S16342 1. Entity Name MARIA A. ZALDUA, INC. |  |
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|---|---|
| Principal Place of Business 14348 S.W. 23 LANE MIAMI FL 33175 | Mailing Address 14348 S.W. 23 LANE MIAMI FL 33175 |
|---|---|

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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |



MOORE CR2E034 (11/03)

| | |
|-----------------------------|--|
| 4. FEI Number 65-0231818 | Applied For <input type="checkbox"/> Not Applicable |
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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent ZALDUA, MARIA A. 14348 SW 23 LANE MIAMI FL 33175-8036 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | | <input type="checkbox"/> Delete |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD ZALDUA, MARIA A. 14348 SW 23 LANE MIAMI FL 33175-8036 | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|---|---------------------------------|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | U00000083300 03/10/04-80033-023 150.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |

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:  **3/8/04** **(705) 221-7601**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #