Sent By: 0; 0000000; J

FILED
Jun 15, 2004 8:00 am
Secretary of State
06-15-2004 90003 006 ***158.75

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #.S69441

1. Entity Name
ZAGA MIA CORPORATION

54057510

Principal Place of Business	Mailing Address
2294 W FLAGLER STREET DADE, FL 33131 US	~~1121 NW 26 AVE~~ ~~MIAMI, FL 33125~~ 7360 S.W. 109 terr - Pinecrest. FL - 33154

DO NOT WRITE IN THIS SPACE

061020... No Chg-P CR2E034 (10/03)

4. FEI Number 65-0279921 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ, HECTOR
~~1121 NW 26 AVE RD~~
~~MIAMI, FL 33125~~
new address - 7360 S.W. 109 terr - Miami - FL - 33154 -

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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 [signature] HECTOR PEREZ Pres - 6-9-04 -
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	P
NAME	PEREZ, HECTOR
STREET ADDRESS	~~1121 NW 26 AVE RD~~ 7360 S.W. 109 terr -
CITY-ST-ZIP	MIAMI, FL 33125 Pinecrest. Fl. 33154
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: [signature] HECTOR PEREZ PRES - 305-5419791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
6-9-04