

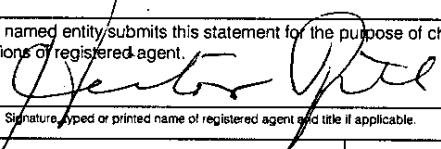
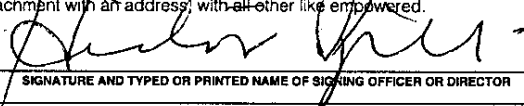


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90785 001 \*\*\*300.00

<b>DOCUMENT # S69441</b> 1. Entity Name <b>ZAGA MIA CORPORATION</b>					
Principal Place of Business <b>2294 W FLAGLER STREET DADE, FL 33131 US</b>			Mailing Address <b>7360 SW 109 TERRACE MIAMI BEACH, FL 33154 PINECREST, FL 33156</b>		
2. Principal Place of Business <b>7360 S.W. 109 Terr - Suite, Apt. #, etc. PINECREST City &amp; State Florida</b>		3. Mailing Address <b>P.O. Box 352604 Suite, Apt. #, etc. City &amp; State Miami- Fla - Zip 33135 Country USA</b>			
4. FEI Number <b>65-0279921</b>		Applied For <input type="checkbox"/> Not Applicable		04092005 Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		5. Certificate of Status Desired <input type="checkbox"/>	
6. Name and Address of Current Registered Agent <b>PEREZ, HECTOR 7360 SW 109 TERRACE MIAMI BEACH, FL 33154 PINECREST, FL 33156</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <b>4-09-05</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>PEREZ, HECTOR 7360 SW 109 TERRACE MIAMI BEACH, FL 33154 PINECREST, FL 33156</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			4-9-05 786 4138721 Date Daytime Phone #		