


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90050 011 \*\*\*150.00

**DOCUMENT # S69441**  
 1. Entity Name  
**ZAGA MIA CORPORATION**



Principal Place of Business      Mailing Address  
~~7360 SW 109 TERR~~      ~~P.O. BOX 352604~~  
~~PINECREST FL 33156~~      ~~MIAMI FL 33135~~  
 US



2. Principal Place of Business      3. Mailing Address  
**3090 N.W. 5 RT**      **3090 N.W. 5 RT**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/05)

City & State      City & State  
**Miami, Fla.**      **Miami, Fla.**  
 Zip      Country      Zip      Country  
**33125**      **USA**      **33125**      **USA**

4. FEI Number      Applied For  
**65-0279921**      Not Applicable  
 5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PEREZ, HECTOR**  
**7360 SW 109 TERRACE**  
**PINECREST FL 33156**

7. Name and Address of New Registered Agent  
 Name: **HECTOR PEREZ**  
 Street Address (P.O. Box Number is Not Acceptable): **3090 N.W. 5 RT**  
 City: **Miami**      State: **FL**      Zip Code: **33125**

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: *Hector Perez*      DATE: **3-10-06**  
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PEREZ, HECTOR	
STREET ADDRESS	<del>7360 SW 109 TERRACE</del>	
CITY-ST-ZIP	<del>PINECREST FL 33156</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ HECTOR	
STREET ADDRESS	3090 N.W. 5 RT	
CITY-ST-ZIP	Miami FL 33125	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Hector Perez*      **HECTOR PEREZ**      DATE: **3-10-06**      DAYTIME PHONE #: **786-413872**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR