

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90565 028 ***150.00

DOCUMENT # V30157

1. Entity Name
ZENITRAM INCORPORATED



Principal Place of Business

**1068 W 35TH ST
HIALEAH, FL 33012**

Mailing Address

**PO BOX 28146
HIALEAH, FL 33002**

20036323



2. Principal Place of Business

16425 SW 173rd Ave.

3. Mailing Address

P.O. Box 771795

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03122005

Chg-P

CR2E034 (10/03)

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0345334

Applied For

Not Applicable

Zip

33187

Country

USA

Zip

33177

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, MARIA ISABEL

**1068 W 35TH ST. 16425 SW 173rd Ave.
HIALEAH, FL 33012 Miami FL 33187**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MARTINEZ, MARIA ISABEL
STREET ADDRESS 1068 WEST 35TH STREET
CITY-ST-ZIP HIALEAH, FL

TITLE VP ☐ Delete
NAME MARTINEZ, CESAR
STREET ADDRESS 1068 W 35TH STREET
CITY-ST-ZIP HIALEAH, FL 33002

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 16425 SW 173rd Ave.
CITY-ST-ZIP Miami, FL 33187

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 16425 SW 173rd Ave.
CITY-ST-ZIP Miami, FL 33187

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Maria I Martinez Pres.

4/12/05 (305) 238-2372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #