## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 05, 2004 08:00 AM Secretary of State DOCUMENT # V45301 1. Entity Name ZIL ENTERPRISES, INC. Principal Place of Business Mailing Address 1202 SKIPPER ROAD 1202 SKIPPER ROAD TAMPA, FL 33613 TAMPA, FL 33613 No Chg-P CR2E034 (10/03) 03292004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe 59-3130987 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PATEL, ANIL D DO NOT WRITE 1202 SKIPPER ROAD TAMPA, FL 33613 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. THLE PATEL, ANIL D NAME 1202 SKIPPER ROAD U00000103285 04/05/04\_80050-002 150.00 STREET ADDRESS TAMPA, FL 33613 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP IN THIS SPACE TRE NAME. STREET ADDRESS CITY ST ZP MAME STREET ADDRESS CITY-ST-792 TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 507, 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 1.1

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

nil Pate

SGNING OFFICER OF DIRECTOR

3-31-04 813-977-9328

**FILED**