


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90855 006 ***150.00

DOCUMENT # V54386
 1. Entity Name
 EL ZARAPE, INC.



Principal Place of Business Mailing Address
 10202 SABAL THREE DR 10202 SABAL THREE DR
 APT #203 APT #203
 RIVERVIEW, FL 33569 US RIVERVIEW, FL 33569 US

40093941



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 1202 S 22nd St 1202 S 22nd St
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04242007 Chg-P CR2E034 (12/06)

City & State City & State
 Tampa, FL Tampa, FL
 Zip Country Zip Country
 33605 33605

4. FEI Number Applied For
 59-3112218 Not Applicable

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

6. Name and Address of Current Registered Agent
 VASQUEZ, ANTONIO
 10202 SABAL THREE DRIVE
 APT #203
 RIVERVIEW, FL 33569

7. Name and Address of New Registered Agent
 Name Vasquez Antonio
 Street Address (P.O. Box Number is Not Acceptable)
 1202 S 22nd St
 City Tampa FL Zip Code 33605

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 Antonio Vasquez Antonio Vasquez President DATE 4/24/07
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	VASQUEZ, ANTONIO	
STREET ADDRESS	1202 S 22ND ST	
CITY-ST-ZIP	TAMPA, FL 33605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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		<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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Chapter 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: Antonio Vasquez Antonio Vasquez DATE 4/24/07 813-241-2477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #