

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 20, 2008 08:00 A  
Secretary of State**

<b>DOCUMENT # V54386</b> 1. Entity Name EL ZARAPE, INC.	
---	---

Principal Place of Business 1202 S. 22ND ST TAMPA, FL 33605 US	Mailing Address 1202 S. 22ND ST TAMPA, FL 33605 US
--	--

**DO NOT WRITE IN THIS SPACE**



01182008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3112218	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

VASQUEZ, ANTONIO  
1202 S. 22ND ST  
TAMPA, FL 33605

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VASQUEZ, ANTONIO 1202 S 22ND ST TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000864563  
04/04/08-80020-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

**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 3/18/8  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #