

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2004 8:00 am
Secretary of State

05-04-2004 90196 011 ***150.00

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DOCUMENT # P02000122330					
1. Entity Name ZEAL FLORAL INC.					
Principal Place of Business 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131			Mailing Address 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 51-0457930				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required.	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TRANSGLOBAL CORPORATE ADMINISTRATION INC 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131			Name Transglobal Corp. Admin LLC Street Address (P.O. Box Number is Not Acceptable) 520 BRICKELL KEY DR. SUITE 0-305 City Miami		
			State FL		
			Zip Code 33131		
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				DATE 4/28/04	
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		9. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
After May 1, 2004 Fee will be \$550.00		Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SAMPER, ELENA		NAME	Torrez Carlos A.S.	
STREET ADDRESS	520 BRICKELL KEY DRIVE SUITE 0-305		STREET ADDRESS	520 Brickell Key Dr. # 0-305	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	Miami FL 33131	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOMEZ, BERNARDO		NAME		
STREET ADDRESS	520 BRICKELL KEY DRIVE SUITE 0-305		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERNANDEZ, DARIO		NAME		
STREET ADDRESS	520 BRICKELL KEY DRIVE SUITE 0-305		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZULETA, JUAN ANTONIO		NAME		
STREET ADDRESS	520 BRICKELL KEY DRIVE SUITE 0-305		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:			Date 4/28/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # 305 374 3800		