## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 29, 2004 8:00 am Secretary of State DOCUMENT # K57164 03-29-2004 90393 033 \*\*\*150 00 1. Entity Name JAZAYRI CONSTRUCTION, INC. Principal Place of Business Mailing Address **44030400** 3121 W. HALLANDALE BCH BLVD 3121 W. HALLANDALE BCH BLVD SUITE 101 SUITE 101 PEMBROKE PARK, FL 33009-5149 US PEMBROKE PARK, FL 33009-5149 US 2. Principal Place of Business 3. Mailing Address 3001 W Hallandale Both Blvd 3001 W Hallandale Boh Blyd Suite Apt. # elc \$**15**1425.**300**6 01082004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Penbroke Park, FL Penbroke Park, FL 65-0094985 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired П [FA 33009 33009 USA. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JAZAYRI, MAHMOOD SAM Street Address (P.O. Box Number is Not Acceptable) 3121 W. HALLANDALE BEACH BLVD SUITE 102 3001 W Hallandale Both Blvd PEMBROKE PARK, FL 33009-5149 Suite 300 Penbroke Park, FL 33009 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TIT1£ ☐ Delete TITLE Change ☐ Addition JAZAYRI, SAM NAME NAME STREET ADDRESS 3121 W. HALLANDALE BCH BLVD., SUITE 102 STREET ADDRESS 3001 W Hallandale Boh Blvd Ste 300 Penbroke Park, FL 33009 CITY-ST-ZIP PEMBROKE PARK, FL 330095149 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete mle ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ 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 add ess, with all other like empowered. 954-981-1154 Sam Jazayri SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #