2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2007 08:00 AM Secretary of State

ANNUAL REPORT					Secretary of Sta			
1. Entity Nan	IMENT # L58423 EVELOPMENT, INC.				۵	ecretar	y 01 Sta	
1847 UNIVE	ce of Business ERSITY DR. INGS, FL 33071 US	Mailing Address 1847 UNIVERSITY DR CORAL SPRINGS, FL 33071				114 154 141 141 17	# 611/167 2 126	
[OO NOT WRITE	CE	01152007 4. FEI Numbe 65-018	01152007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current Re	gistered Agent						
ROCHE, ASHLING M 1847 UNIVERSITY DR CORAL SPRINGS, FL 33071				IN 7	NOT W THIS SP	ACE		
the obliga	re named entity submits this statement for t ations of registered agent.	he purpose of changing its register	ed office or regis	stered agent, or bo	th, in the State of Flo	rida. I am familiar v	vith, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable (NOTE, Register)	ed Agent signature requ	uired when reinstating)		DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.				5.00 May Be Added to Fees				
10.	OFFICERS AND D	RECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ZANDI, HAMID 1847 UNIV. DR LAUDERHILL, FL				U000 01/23/)00595680 07-80047-(022 150.0	
NAME STREET ADDRESS CITY-SY-ZIP	ZANDI, HAMID		Į				ı	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W			
NAME STREET ADDRESS CITY-ST-ZIP	s			IN	THIS SF	PACE		
TITLE	i							

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

Man Aprol

HAMID ZARDI

1/18/07 (994)340-909,