2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar. 10,-2004 08:00 AM **DOCUMENT # J75918 Secretary of State** 1. Entity Name ZEIDA, INC. Principal Place of Business Mailing Address 397 E. BURLEIGH BLVD. 397 E BURLEICH DR US TAVARES, FL 32778 US TAVARES, FL 32778 02122004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2813854 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE BENGALI, RAOOF 397 W. BURLEIGH BLVD. TAVARES, FL 32778 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 Signature, typed or primed name of registered agent and also # applicable (NOTE: Registered Agent alignature required when reinstating) U00000082580 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. 03/10/04-80001-006 150.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE PΩ BENGALI, RACOF NAME 111 RIDGECREST DRIVE STREET ADDRESS CITY-ST-ZIP EUSTIS, FL SEC TITLE RASIE BENGALI, ZEIDA 111 RIDGECREST DRIVE STREET ADDRESS CITY-ST-ZIP EUSTIS, FL TST₹F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MASS STREET ADDRESS CRY-ST-ZP NAME STREET ADDRESS CITY-ST-ZIP 333 F NAME STREET ADDRESS. 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)(1), 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.

Program.

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNATURE:

FILED

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