



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 453783 1. Entity Name HAZOURI ELECTRIC, INCORPORATED.	
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Principal Place of Business 6932 DISTRIBUTION AVENUE SOUTH UNIT 3 JACKSONVILLE, FL 32256	Mailing Address P.O. BOX 56559 JACKSONVILLE, FL 32241 US
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DO NOT WRITE IN THIS SPACE

	
08302007 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-1533734	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HAZOURI, ROBERT E 6932 DISTRIBUTION AVENUE SOUTH UNIT 3 JACKSONVILLE, FL 32256
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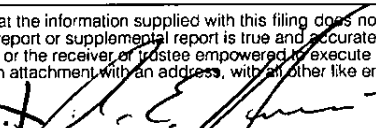
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAZOURI, ROBERT E 6932 DISTRIBUTION AVENUE SOUTH., UNIT 3 JACKSONVILLE, FL 32256
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<p>UD00000773247 09/05/07-80003-011 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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 an other like empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 8-30-2007 Daytime Phone # 904-872-4781