


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90097 025 ***150.00

DOCUMENT # K93278
 1. Entity Name
KAZBOUR PROPERTIES, INC.



Principal Place of Business Mailing Address
% MANAGING FOOD, LLC **% MANAGING FOOD, LLC**
1326 E. LUMSDEN RD **1326 E. LUMSDEN RD**
BRANDON, FL 33511 US **BRANDON, FL 33511 US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04062005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

59-2951853 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

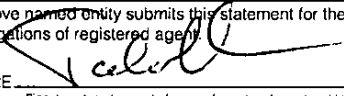
6. Name and Address of Current Registered Agent

KAZBOUR, TALAL
2503 HWY 60 E
VALRICO, FL 33594

7. Name and Address of New Registered Agent

Name **Talal Kazbour**
 Street Address (P.O. Box Number is Not Acceptable)
1326 E. Lumsden Rd
 City **Brandon** **FL** Zip Code **33511**

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 **4-29-05** **8**

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAZBOUR, TALAL 1326 E. LUNSDEN ROAD BRANDON, FL 33511	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KAZBOUR, TAREK 1326 E. LUMSDEN ROAD BRANDON, FL 33511	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 **4-29-05** Daytime Phone # **813 684-0622**