2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K93278

1. Entity Name KAZBOUR PROPERTIES, INC.



FILED Apr 29, 2008 08:00 AN Secretary of State

Principal Place of Business

% MANAGING FOOD, LLC 1326 E. LUMSDEN RD BRANDON, FL 33511

Mailing Address

% MANAGING FOOD, LLC 1326 E. LUMSDEN RD BRANDON, FL 33511 US



04042008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2951853

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

KAZBOUR, TALAL 1326 E LUMSDEN ROAD BRANDON, FL 33511

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plions of registered agent.	ourpose of changing its register	red office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, an	d accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	fapplicable (NOTE Register	ed Agent signaturi	e required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		\$5.00 May Be Added to Fees	000000931120 05/22/08-80002-007 150	.00
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAZBOUR, TALAL 1326 E. LUNSDEN ROAD BRANDON, FL 33511					
TITLE NAME STREET ADDRESS GITY-ST-ZIP	STD KAZBOUR, TAREK 1326 E. LUMSDEN ROAD BRANDON, FL 33511					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE				NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u>_</u>				

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 path; 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:

THREAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR