
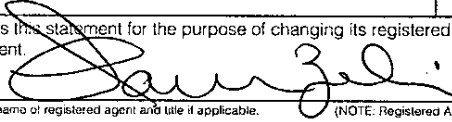
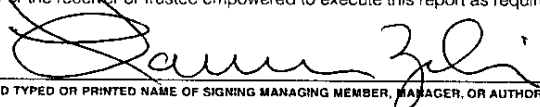


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90019 037 \*\*\*\*55.00

<b>DOCUMENT # L04000059661</b> 1. Entity Name <b>ZAKI GROUP LLC</b>					
Principal Place of Business <b>5541 N. MILITARY TRAIL #2110 BOCA RATON, FL 33496 US</b>			Mailing Address <b>5541 N. MILITARY TRAIL #2110 BOCA RATON, FL 33496 US</b>		
2. Principal Place of Business <b>6271 NW 24TH ST.</b>		3. Mailing Address <b>6271 NW 24TH ST.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>BOCA RATON FL.</b>		City & State <b>BOCA RATON, FL</b>		4. FEI Number <b>20-1480646</b>	
Zip <b>33434</b>		Country <b>USA</b>		Applied For Not Applicable	
Zip <b>33434</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ZAKI, LAURA 5541 N. MILITARY TRAIL #2110 BOCA RATON, FL 33496</b>			7. Name and Address of New Registered Agent Name <b>ZAKI, LAURA</b> Street Address (P.O. Box Number is Not Acceptable) <b>6271 NW 24TH ST.</b> City <b>BOCA RATON FL</b> Zip Code <b>33434</b>		
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 <b>4/8/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZAKI, LAURA 5541 N. MILITARY TRAIL, #2110 BOCA RATON, FL 33496	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZAKI, LAURA 6271 NW 24TH STREET BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZAKI, AMGAD 5541 N. MILITARY TRAIL, #2110 BOCA RATON, FL 33496	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZAKI, AMGAD 6271 NW 24TH STREET BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.					
SIGNATURE: 			4/8/05 361-852-7699		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		