=2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000059661

1. Entity Name ZAKI GROUP LLC

FILED Apr 13, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

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6271 NW 24TH ST BOCA RATON, FL 33434 6271 NW 24TH ST

BOCA RATON, FL 33434 US



03302007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1480646

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ZAKI, LAURA 6271 NW 24TH ST BOCA RATON, FL 33434

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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 printed name of registered agent and title if applicable.

MANAGING MEMBERS/MANAGERS

(NOTE, Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CUTY-ST-ZIP	MGRM ZAKI, LAURA 6271 NW 24TH STREET BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZAKI, AMGAD 6271 NW 24TH STREET BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·
11. I hereby	certify that the information supplied with this filling does not qualify for the e

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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 expert 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE