


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90020 040 ***150.00

DOCUMENT # **M65480**
1. Entity Name
ZAHARIAS ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

40099561

2. Principal Place of Business
c/o HARRY ZAHARIAS
Suite, Apt. #, etc.
3945 AIA SOUTH
City & State
ST. AUGUSTINE BEACH

3. Mailing Address
c/o HARRY ZAHARIAS
Suite, Apt. #, etc.
3945 AIA SOUTH
City & State
ST. AUGUSTINE BEACH

Zip
32080 Country
U.S.A.

Zip
32080 Country
U.S.A.

4. FEI Number
59-2869080

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
HARRY ZAHARIAS

Street Address (P.O. Box Number is Not Acceptable)
3945 AIA SOUTH

City
ST. AUGUSTINE BEACH, FL Zip Code
32080

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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	DP ZAHARIAS, HARRY 1207 S.R. 206 ST. AUGUSTINE, FL. 32086	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **HARRY ZAHARIAS**, 4/26/2008, (904)471-4799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)