


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000029755 1. Entity Name SELECT INVESTMENTS NETWORK, INC.	
---	---

Principal Place of Business 36657 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684	Mailing Address 35246 U.S. HIGHWAY 19 NORTH PMB #202 PALM HARBOR, FL 34684
--	--



01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3642621	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

BASTA, NABIL S
36657 U.S. HWY 19 N
PALM HARBOR, FL 34684

**DO NOT WRITE
IN THIS SPACE**

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 date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

1100000472387
03/29/06-80034-019 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP BASTA, NABIL S 36657 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V MIKHAIL, SHAKER T 36657 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST TAWFK, SHERIF S 36657 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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: Sherif S Tawfk 3/10/06 727-433-2027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #