

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 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



01312008 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 ☐ \$8.75 Additional
Fee 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 title if applicable

(NOTE: Registered Agent signature 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

10. OFFICERS AND DIRECTORS

TITLE DP
NAME BASTA, NABIL S
STREET ADDRESS 36657 U.S. HIGHWAY 19 NORTH
CITY-ST-ZIP PALM HARBOR, FL 34684

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

TITLE ST
NAME TAWFK, SHERIF S
STREET ADDRESS 36657 U.S. HIGHWAY 19 NORTH
CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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02/13/08-80053-019 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sherif Basta

2/1/2008

Date

727 938 2255

Daytime Phone #