


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000009986

1. Entity Name
HYAAT Z. INC.



Principal Place of Business Mailing Address

222 COMMERCIAL BLVD 222 COMMERCIAL BLVD
 LAUDERDALE BY SEA, FL 33308 LAUDERDALE BY SEA, FL 33308

DO NOT WRITE IN THIS SPACE



03012004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-1072675 Not Applicable

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

6. Name and Address of Current Registered Agent

HAYDER, ALDAHWI
 4309 BOUGAINVILLEA
 LAUDERDALE BY SEA, FL 33308

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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 _____ *01-19-04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

03/05/04-80055-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALDAHWI, HAYDER
STREET ADDRESS	222 COMMERCIAL BLVD
CITY - ST - ZIP	LAUDERDALE BY SEA, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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)(f), 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: _____ *01-19-04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #