FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2004 8:00 am
Secretary of State
05-04-2004 90195 018 ***150.00

DOCUMENT # P01000044840

1. Entity Name
ZAINAB ENTERPRICE, INC.

24068262

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
159 HEVENWOOD CT.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAVENPORT FL.	City & State
Zip: 33837 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3719053 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: HESHAM M. SABBAH

Street Address (P.O. Box Number is Not Acceptable): 159 HEAVENWOOD CT.

City: DAVENPORT FL Zip Code: 33837

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	PD
NAME	FOUAD EADA
STREET ADDRESS	159 HEVENWOOD FL.
CITY-ST-ZIP	DAVENPORT FL. 33837
TITLE	ST
NAME	ZAINAB M. HABIB
STREET ADDRESS	159 HEVENWOOD CT.
CITY-ST-ZIP	DAVENPORT FL. 33837
TITLE	TRE
NAME	HESHAM M. SABBAH
STREET ADDRESS	159 HEVENWOOD
CITY-ST-ZIP	DAVENPORT FL 33837
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CITY-ST-ZIP	

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CR2E034B (12/02)

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: Hesham Sabbah
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #