2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 04, 2007 8:00 am Secretary of State DOCUMENT # P01000109149 04-04-2007 90185 015 ***158.75 E & N OF LAKE MARY FL INC Principal Place of Business Mailing Address 630 QUENSBRIDGE LAKE MARY FL 32746 801 INTERNATIONAL PKWY LAKE MARY FL 32746 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 600 colonial con Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3758950 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KAYAL, NADIA 630 QUENSBRIDGE DR Street Address (P.O. Box Number is Not Acceptable) LAKE MARY FL 32746 City Zip Code 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) CATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete 11111 TITLE (hasider KAYAL, EVA NAME NAMI 630 QUENSBRIDGE DRIVE STREET ADDRESS STREET LADORESS LAKE MARY FL 32746 CITY ST ZIP CHY ST ZIE HILL Delete TITLE KAYAL, NADIA NAMI NAMI: 630 QUENSBRIDGE DRIVE STREET ADDRESS STREET ADDRESS LAKE MARY FL 32746 CITY-ST-ZIP CITY ST 7IE mar ☐ Delete TITLE ☐ Change ■ Addition i v/\iyli 2/33 STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY ST 71P DHE Delete TITLE ☐ Change ☐ Addition NAMI NAME STRUCT ADDRESS STREET ADDRESS CHY-S1-ZIP COY ST ZIP Delete DITTE HILL Change ☐ Addition NAME NAMI STREET ADDRESS STREET LADDRESS CHY-ST-ZIP CHY SI ZIP HILE Delete ш ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIE CITY: S1-74P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED