

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90046 021 ***150.00

DOCUMENT # P01000122361 1. Entity Name ZAATARI ENTERPRISES, INC.					
Principal Place of Business 1011 WEST UNIVERSITY AVENUE GAINESVILLE, FL 32601			Mailing Address 1011 WEST UNIVERSITY AVENUE GAINESVILLE, FL 32601		
2. Principal Place of Business - No P.O. Box # 1011 W. UNIVERSITY AVE		3. Mailing Address 1011 W UNIVERSITY AVE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State GAINESVILLE, FL		City & State GAINESVILLE, FL		4. FEI Number 80-0006084	
Zip 32601		Country US		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEA, JOSEPH R ESQ 111 SE FIRST AVENUE GAINESVILLE, FL 32601			7. Name and Address of New Registered Agent Name OMAR ZAATARI Street Address (P.O. Box Number is Not Acceptable) 1011 W. UNIVERSITY AVE. City GAINESVILLE, FL Zip Code 32601		
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: <u>OSMAA ZAATARI</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>1-21-08</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD ZAATARI, OMAR 1011 WEST UNIVERSITY AVENUE GAINESVILLE, FL 32601 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>OSMAA ZAATARI</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>1-22-08</u> Daytime Phone #: <u>3365323</u>		

