

2007- FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000054676

1. Entity Name
ZEEBA & ASSOCIATES, INC.



Principal Place of Business
4000 PONCE DE LEON BLVD
470
CORAL GABLES, FL 33146

Mailing Address
~~9611 S.W. 79 STREET~~ *Same as*
~~MIAMI, FL 33173~~ *Principal Place*
of business

FILED
07 MAY -2 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04292007 No Chg-P CR2E034 (11/05)

4. FEI Number
01-0698993

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RASHEED, ZEEBA
~~9611 S.W. 79 STREET~~ *4000 Ponce de Leon Blvd*
~~MIAMI, FL 33173~~ *Suite #470*
Coral Gables, Fla. 33146

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RASHEED, ZEEBA
STREET ADDRESS	9611 S.W. 79 STREET <i>4000 Ponce de Leon Blvd</i>
CITY-ST-ZIP	MIAMI, FL 33173 <i>Suite #470</i> <i>Coral Gables, Fla. 33146</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

600101226816
05/02/07--01047--003 **150.00

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]
President

305-754-4200

[Signature]