


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90483 002 ***150.00

DOCUMENT # P02000103615 1. Entity Name ZAED BROTHERS WHOLESALE, INC.					
Principal Place of Business 4668 WILLIAMSTOWN BLVD LAKELAND, FL 33810			Mailing Address 4668 WILLIAMSTOWN BLVD LAKELAND, FL 33810		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 03-0493110	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SAED, ZAED H 4714 WILLIAMSTOWN BLVD LAKELAND, FL 33810				7. Name and Address of New Registered Agent Name Saed, Zaed H Street Address (P.O. Box Number is Not Acceptable) 4668 Williamstown Blvd. City Lakeland FL Zip Code 33810	
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><i>Zaed Hend Saed</i></u> DATE <u><i>09/28/05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P SAED, ZAED H <input type="checkbox"/> Delete 4952 WILLIAMSTOWN BLVD LAKELAND, FL 33810		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Saed, Zaed H. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4668 Williamstown Blvd. Lakeland, FL 33810	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Emad Zakariya <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4668 Williamstown Blvd. Lakeland, FL 33810	
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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Zaed Hend Saed</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><i>09/28/05</i></u> <small>Date</small>		<u><i>863-255-5373</i></u> <small>Daytime Phone #</small>