

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90242 026 ***150.00

DOCUMENT # P03000038951

1. Entity Name
FZAIPAN, INC.



Principal Place of Business
4428-30 HENDRICKS AVE.
JACKSONVILLE, FL 32207

Mailing Address
4428-30 HENDRICKS AVE.
JACKSONVILLE, FL 32207

40065775



03282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1634080

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ZAIDI, FLOR P
4428-30 HENDRICKS AVE
JACKSONVILLE, FL 32207

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IN THIS SPACE**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
ZAIDI, FLOR P
8460 LYNDIA SUE LN W
JACKSONVILLE, FL 32217

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
ZAIDI, ZAHID H
8460 LYNDIA SUE LN W
JACKSONVILLE, FL 32217

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Flor P. Zaidi* **FLOR P. ZAIDI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/07

Date

904-448-8181

Daytime Phone #

ATTACHMENT 40065775
Vendor Notes #P0300003851

4/2/2007 6:30 AM

Notes for Vendor Florida Department of State

Company: Florida Department of State

To Whom It May Concern:

Request for change of officers and directors address...

ZAIDI, FLOR P. AND OR ZAIDI, ZAHID H.

7852 Troy Hills Lane

Jacksonville, FL 32256