

2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-05-2005 90118 021 ***150.00
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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
50054730

DOCUMENT # P03000043731

1. Entity Name
N ZEE INTERNATIONAL CORPORATION



Principal Place of Business
7400 STERLING ROAD
1611
HOLLYWOOD, FL 33024

Mailing Address
7400 STERLING ROAD
1611
HOLLYWOOD, FL 33024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05202005

Chg-P

CR2E034 (10/03)

4. FEI Number
71-0943359

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIDDIQUI, ZAIUDDIN
7400 STERLING ROAD
1611
HOLLYWOOD, FL 33024

Name SYED A. K. RAHMAN

Street Address (P.O. Box Number is Not Acceptable)

83 GABLES BLVD

City WESTON

FL

Zip Code 33326

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 reappointing)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME RAHMAN, SYED ALI
STREET ADDRESS 83 GABLES
CITY-ST-ZIP WESTON, FL 33326 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME SIDDIQUI, ZIAUDDIN
STREET ADDRESS 7400 STIRLING RD #1611
CITY-ST-ZIP HOLLYWOOD, FL 33024 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 authority, the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #