2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000064041

Entity Name: ZOHAR INVESTMENT, INC.

FILED Jan 07, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

19101 MYSTIC POINTE DR 13350 N.W 27 AVENUE AVENTURA, FL 33180 OPA LOCKA, FL 33045

Current Mailing Address: New Mailing Address:

3190 NORTHEAST 211TH STREET 13350 N.W. 27 AVENUE AVENTURA, FL 33180 OPA LOCKA, FL 33054

FEI Number: 13-4255175 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS () Delete Title: PS (X) Change () Addition

Name: POLLER, MINA Name: BENTOLILA, MARU
Address: 19101 MYSTIC POINTE DR #311 Address: 19101 MYSTIC POINTE DR #311

City-St-Zip: AVENTURA, FL 33180 City-St-Zip: AVENTURA, FL 33180

Title: VP () Delete Title: VP (X) Change () Addition

Name: BENTOLILA, MARU Name: DARWICH, SAMI

Address: 19101 MYSTIC POINTE DR #311 Address: 19101 MYSTIC POINTE DR #311

City-St-Zip: AVENTURA, FL 33180 City-St-Zip: AVENTURA, FL 33180

Title: T (X) Delete Title: () Change () Addition

 Name:
 DARWICH, SAMY
 Name:

 Address:
 19101 MYSTIC POINTE DR # 311
 Address:

 City-St-Zip:
 AVENTURA, FL 33180
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 TETTNER, SEINDEL
 Name:

 Address:
 3190 NORTHEAST 211TH STREET
 Address:

 City-St-Zip:
 AVENTURA, FL 33180
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARU BENTOLILA P 01/07/2005