

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 APR -2 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04022007 Chg-P CR2E034 (12/06)

4. FEI Number
05-0579966

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

CHEIKH-KHALIL, AL
2815 KILKIERANE DR.
TALLAHASSEE, FL 32309

Name Raja (ben) Khamja
Street Address (P.O. Box Number is Not Acceptable)
2815 Kilkierane Drive
Tallahassee, FL 32309
City Tallahassee FL Zip Code 32309

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	Delete
	D	CHEIKH-KHALIL, AL	2815 KILKIERANE DR. TALLAHASSEE, FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
	Raja ben Khamja	(president)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	A. Khalil	(secretary)		<input type="checkbox"/>	<input type="checkbox"/>
	2815 Kilkierane Drive	Tallahassee, FL 32309		<input type="checkbox"/>	<input type="checkbox"/>
	500095893395	04/05/07--01036--014	**150.00	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/07

Date

Daytime Phone #