

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90191 031 ***150.00

DOCUMENT # P03000120483					
1. Entity Name Z & R MEDITERRANEAN ENTERPRISES, INC.					
Principal Place of Business 5016 GUNN HIGHWAY TAMPA, FL 33624			Mailing Address 5016 GUNN HIGHWAY TAMPA, FL 33624		
2. Principal Place of Business 2325 ULMERTON ROAD Suite, Apt. #, etc.		3. Mailing Address 2325 ULMERTON ROAD Suite, Apt. #, etc.			
City & State CLEARWATER FL Zip 33762 Country PINELLAS		City & State CLEARWATER FL Zip 33762 Country PINELLAS		4. FEI Number 90-0135705	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ESTEPHAN, ZIAD 5016 GUNN HIGHWAY TAMPA, FL 33624			7. Name and Address of New Registered Agent Name ZIAD ESTEPHAN Street Address (P.O. Box Number is Not Acceptable) 2325 ULMERTON ROAD City CLEARWATER FL Zip Code 33762		
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 Rehab Harfouch V.P. 4/19/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	DST ZIAD ESTEPHAN 2325 ULMERTON ROAD CLEARWATER FL 33762 <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	PD REHAB HARFOUCH 2325 ULMERTON ROAD CLEARWATER FL 33762 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: Rehab Harfouch 4/19/04 727-5713400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					