2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 08, 2007 8:00 am **Secretary of State** DOCUMENT # P0400003070 1. Entity Name 05-08-2007 90014 037 ***150.00 ZEEBA, INC. Principal Place of Business Mailing Address 2025 N.W 18 AVENUE 2025 N.W 18 AVENUE MIAMI FL 33142-7423 MIAMI FL 33142-7423 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 20-0570876 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROUHANI, MOHAMMAD Street Address (P.O. Box Number is Not Acceptable) 2025 N.W 18 AVENUE MIAMI FL 33142-7423 Zip Code 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 agont SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IIIŒ ☐ Delete ☐ Addition ROUHANI, KAYHAN B. ROUHANI, MOHAMMAD NAME 2025 N.W. 18 AVE. 2025 N.W. 18 AVE. STREET ADDRESS STREET ADDRESS MIAMI FL 33142 Miami EL 33142 CITY-ST-ZIP CITY-ST ZIP STD TSM IIILE Delete TITLE Change 1 Addition ROUHANI, KAYHAN NAME NAME KAMYAR ROUHANI **300 N E 138 TERRACE** 2025 N. W. 18 Ave. STREET ADDRESS STREET ADORESS PEMBROKE PINES FL 33028 CITY - ST-ZIP CITY-ST-7IP Meami FL. 33142 SDT DDF Delete TITLE Change Addition ROUHANI MOHAMMAD. REVNS, KAMYAR NAME NAME 2025 N.W. 18AVE. 2025 N.W. 18 AVE STREET ADDRESS STREET ADDRESS MIAMI FL- 33142 MIAM! FL 33142 CHY SI-ZIP-CITY-ST-ZIP THEF ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70P HILE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHIY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an officer or director of the corporation or the receiver or trustee ompowered 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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED