

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90249 048 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000067708			
1. Entity Name ZAINAB CORPORATION			
Principal Place of Business 78 COQUINA RIDGE WAY ORMOND BEACH, FL 32174 US		Mailing Address 78 COQUINA RIDGE WAY ORMOND BEACH, FL 32174 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-1038972		Applied For Not Applicable	
5. Certificate of Status Desired ☐		S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANWER, MUHAMMED N 78 COQUINA RIDGE WAY ORMOND BEACH, FL FL		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 agent. SIGNATURE _____ (NOTE: Registered Agent signature required when remitting) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP Delete ☐		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete ☐		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete ☐		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change ☐ Addition ☐	
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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 all other like employment.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/29/5 Date 386 795 2680 Daytime Phone #	