

2005 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2005 8:00 am
Secretary of State

05-27-2005 90022 033 ***150.00

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04292005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000124638 1. Entity Name VALLEY OF THE PHAROHS CORPORATION																															
Principal Place of Business 1311 EASTER STREET #1 JACKSONVILLE, FL 32211		Mailing Address 1311 EASTER STREET #1 JACKSONVILLE, FL 32211																													
2. Principal Place of Business 3500 Townsend Blvd #233 Suite, Apt. #, etc. 233		3. Mailing Address 3536 University Blvd N #221 Suite, Apt. #, etc. 221																													
City & State Jacksonville, FL		City & State Jacksonville FL																													
Zip 32211 Country		Zip 32211 Country																													
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																															
6. Name and Address of Current Registered Agent OZBEK, AHMET 1311 EASTER STREET #1 JACKSONVILLE, FL 32211		7. Name and Address of New Registered Agent Name OZBEK-AHMET Street Address (P.O. Box Number is Not Acceptable) 3500 Townsend Blvd #1 233 City Jacksonville FL Zip Code 32211																													
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 Ahmet A. OZBEK DATE 5/18/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> D ABDOU, SAMIR 1311 EASTER STREET #1 JACKSONVILLE, FL 32211 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABDOU, SAMIR 1311 EASTER STREET #1 JACKSONVILLE, FL 32211 <input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition												
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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: SAMIR ABDOU DATE 5/20/05 DAYTIME PHONE # 904-662-4331 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																															