
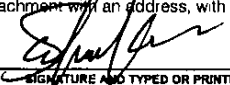


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P0400Q168411 1. Entity Name ZAINA, INC.		
Principal Place of Business 6 SW 5TH AVENUE DANIA BEACH, FL 33004 US		Mailing Address 6 SW 5TH AVENUE DANIA BEACH, FL 33004 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HAMED, SAED 10366 N.W. 53RD COURT CORAL SPRINGS, FL 33076		DO NOT WRITE IN THIS SPACE
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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMED, SAED 10366 N.W. 53RD COURT CORAL SPRINGS, FL 33076	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HILO, SALIM 5016 POLARIS CV. GREENACRES, FL 33463	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARAKAT, ASHRAF 6282 FOREST HILL BLVD. GREENACRES, FL 33415	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		SALIM HILO Date: Jan. 19, 2007 Daytime Phone #: 954-922-0540



01182007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2011543	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/23/07-80054-022 150.0

**DO NOT WRITE
IN THIS SPACE**