

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b>	P04000171214
<b>1. Entity Name</b>	
Zaid Investments Inc	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
8013 Bridge Stone Dr		8013 Bridge Stone Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b>		<b>City &amp; State</b>	
Orlando, FL		Orlando, FL	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
32835		32835	

000000443432  
03/06/06-80008-003 150.00

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b>		<b>Applied For</b>	
20-2047386		<input checked="" type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b>	
REHAN, SYED K	
<b>Street Address (P.O. Box Number is Not Acceptable)</b>	
8013 BRIDGE STONE DR	
<b>City</b>	<b>Zip Code</b>
ORLANDO FL 32835	FL 32835

**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**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

**9. Election Campaign Financing** ☐ \$5.00 May Be Added to Fees  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	President, Director
<b>NAME</b>	REHAN, SYED K
<b>STREET ADDRESS</b>	8013 BRIDGE STONE DR
<b>CITY-ST-ZIP</b>	ORLANDO FL 32835 US
<b>TITLE</b>	VP, Director
<b>NAME</b>	REHAN, SARRAH
<b>STREET ADDRESS</b>	8013 BRIDGE STONE DR
<b>CITY-ST-ZIP</b>	ORLANDO FL 32835 US
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
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<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**11.**

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
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<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** SYED K REHAN ra 2/13/06 407 484 1103  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #