

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90005 049 \*\*\*150.00

**DOCUMENT # P05000020149**

1. Entity Name  
**YAZJI DEVELOPMENT CORPORATION**



Principal Place of Business  
**243 ARLINGTON ROAD SUITE 2A/B  
JACKSONVILLE, FL 32211**

Mailing Address  
**243 ARLINGTON ROAD SUITE 2A/B  
JACKSONVILLE, FL 32211**

**66003518**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01242006 Chg-P CR2E034 (11/05)

4. FEI Number **20-2293573**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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	PD	<input type="checkbox"/> Delete
NAME	YAZJI, HAYSSAM	
STREET ADDRESS	243 ARLINGTON ROAD SUITE 2A/B	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EL-YAZIGI, ADNAN	
STREET ADDRESS	243 ARLINGTON ROAD SUITE 2A/B	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE	SD	<input type="checkbox"/> Delete
NAME	YAZJI, KAMAL	
STREET ADDRESS	243 ARLINGTON ROAD SUITE 2A/B	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ALYAZEJI, GHASSAN	
STREET ADDRESS	243 ARLINGTON ROAD SUITE 2A/B	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE	D	<input type="checkbox"/> Delete
NAME	YAZEJI, MARWAN	
STREET ADDRESS	243 ARLINGTON ROAD SUITE 2A/B	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** *Adnan El-Yazigi* VP  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

**2/8/06** **904-721-6501**  
Date Daytime Phone



ATTACHMENT  
66003518

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 16, 2006

YAZJI DEVELOPMENT CORPORATION  
243 ARLINGTON ROAD SUITE 2A/B  
JACKSONVILLE, FL 32211

Subject: YAZJI DEVELOPMENT CORPORATION

Reference Number: P05000020149

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE

ANNUAL REPORTS SECTION