


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000020149</b> 1. Entity Name <b>YAZJI DEVELOPMENT CORPORATION</b>	
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Principal Place of Business <b>243 ARLINGTON ROAD SUITE 2A/B JACKSONVILLE, FL 32211</b>	Mailing Address <b>243 ARLINGTON ROAD SUITE 2A/B JACKSONVILLE, FL 32211</b>
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02152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-2293573</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

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

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YAZJI, HAYSSAM 243 ARLINGTON ROAD SUITE 2A/B JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EL-YAZIGI, ADNAN 243 ARLINGTON ROAD SUITE 2A/B JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YAZJI, KAMAL 243 ARLINGTON ROAD SUITE 2A/B JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALYAZEJI, GHASSAN 243 ARLINGTON ROAD SUITE 2A/B JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YAZEJI, MARWAN 243 ARLINGTON ROAD SUITE 2A/B JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000640888  
02/28/07-80085-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** KAMAL YAZJI 02/14/07 904-465-9215  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #