

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007 8:00 am
Secretary of State

04-12-2007 90023 024 ***150.00

DOCUMENT # P06000026502 1. Entity Name ZAID INC																																																																									
Principal Place of Business 1412 ALABAMA STREET TALLAHASSEE, FL 32303			Mailing Address 1412 ALABAMA STREET TALLAHASSEE, FL 32303																																																																						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																							
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																							
City & State		City & State																																																																							
Zip	Country	Zip	Country																																																																						
6. Name and Address of Current Registered Agent ABULABAN, ESPERANZA 1412 ALABAMA STREET TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when remitting) <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																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 85%; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> P <input type="checkbox"/> Delete </div> </td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 85%; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">ABULABAN, ESPERANZA</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">1412 ALABAMA STREET</td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">TALLAHASSEE, FL 32303</td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"><div style="display: flex; justify-content: space-between;"><input type="checkbox"/> Delete</div></td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"><div style="display: flex; justify-content: space-between;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"><div style="display: flex; justify-content: space-between;"><input type="checkbox"/> Delete</div></td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"><div style="display: flex; justify-content: space-between;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"><div style="display: flex; justify-content: space-between;"><input type="checkbox"/> Delete</div></td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"><div style="display: flex; justify-content: space-between;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> </tr> </table>						10. 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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.																																																																									
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR</small> </div> <div style="width: 20%; text-align: center;"> 11/10/2007 <small>Date</small> </div> <div style="width: 30%; text-align: center;"> 877-224-1603 <small>Daytime Phone #</small> </div> </div>																																																																									