

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90042 026 ***158.75

DOCUMENT # P07000041001					
1. Entity Name ZANA HAEDER ENTERPRISES, INC.					
Principal Place of Business 16102 GLENMOOR DRIVE WEST PALM BEACH, FL 33409			Mailing Address 16102 GLENMOOR DRIVE WEST PALM BEACH, FL 33409		
2. Principal Place of Business - No P.O. Box # 2328 TENTH AVENUE NORTH Suite, Apt. #, etc. Suite 302		3. Mailing Address SAME AS ABOVE Suite, Apt. #, etc. SAME AS ABOVE			
City & State Lake Worth, Florida		City & State City & State		4. FEI Number 14-1994484	
Zip 33461		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAEDER, ZANA FARS 16102 GLENMOOR DRIVE WEST PALM BEACH, FL 33409			7. Name and Address of New Registered Agent Name: Zana Haeder Street Address (P.O. Box Number is Not Acceptable): 16102 Glenmoor Drive City: West Palm Beach FL Zip Code: 33409		
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: <u>Zana Haeder</u> DATE: <u>02/06/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAEDER, ZANA FARS 16102 GLENMOOR DRIVE WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete			
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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.					
SIGNATURE: <u>Zana Haeder</u>		Date: <u>02/06/08</u>		Daytime Phone #: <u>866-608-2244</u>	