## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_\_

## FILED May 12, 2008 8:00 am Secretary of State

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DOCUI 1. Entity Nam NAZ MAN	e	# P07000077 nt, inc		THOUSE THE PROPERTY OF THE PRO	05-12-2008	90034 04	ł1 ***15(	0.00		
Principal Plac	e of Busines:	<u> </u>		7 402	• -					
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3839 SHERIDAN STREET 3839 SHE SUITE 234 SUITE 234				CCI						
HOLLYWOOD	, FL 33021	US		HOLLYWOOD, FL 33021 US		1 IN NII TEI YII	EBIR IBBII BBIR B100 BB	 	DE 13818 18711 818	
2. Principal P	lace of Busin	iess - No P.O. Box #								
3389 Sheridan Street			3. Mailing Address 3389 Sheridan Street			I INRIIRALI III	THIS SERIE THIS HEST PR	IN BEZTY IBBIL FETT	EN 1838 18111 BA	1001 1110
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04182008	Chg-P	CR2E01	34 (12/06)	
234			23/4	2.34 City & State				0,420	J+ (12100)	
City & State			City & State	·			er			plied For
Hollywood, Florida			Hollywood,				9001			t Applicable
Zip 33021		Country USA	Zip   3302·1	Coun	•	5. Certificate	of Status Desired		\$8.75 Add Fee Required	
33021		and Address of Current			<u> </u>	7 Name and	Address of New F			<del></del>
	0. 1441110	and Address of Chilefal	registered Agent		Name	7. Name and	A44.033 01 11011 1	togistored r	·gont	
KHAKIMOV, NAZIM 3389 SHERIDAN STREET					Street Address (P.O. Box Number is Not Acceptable)					
SUITE 234 HOLLYWOOD, FL 33021										
	,				City			FL	Zip Code	9
8. The above	named entit	v submits this statement for	r the purpose of changing i	ts register	ed office or reais	tered agent, or bot	h, in the State of FI	orida. I am f	amiliar with.	and accept
	ions of regist		, ,	-						
SIGNATURE_	Signature typed	or printed name of registered agent a	and title if annicable (NC	TF: Begistere	ed Agent signature requ	ired when teinstation)		DATE		
	<b>5-9-5-6</b> -6-1,000	or parties of registeres against								
		FEE IS \$150.00 8 Fee will be \$550.(	9. Election Camp Trust Fund Co	-		5.00 May Be dded to Fees				
10. OFFICERS AND DIRECTORS				11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE	Р		☐ Delete	TITL					Change	☐ Addition
NAME	KHAKIMO	OV, NAZIM		NAM	16				_ ,	_
STREET ADDRESS 3389 SHERIDAN STREET, SUITE 234			E 234	STR	EET ADDRESS					
CITY-ST-ZIP	MIAMI, FI	_ 33021		CITY	/-S1-ZIP					
TITLE			☐ Delete	TITL	E				Change	Addition
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CITY-ST-ZIP				_			•			C Addition
TITLE			☐ Delete	TITU					Change	☐ Addition
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TITLE	1		☐ Delete	THE	.ŧ				Change	Addition
NAME			Octobe	NAM						_
STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP					Y-ST-ZIP					
12. Thereby	certify that the		n this filing does not qualify	for the ex	cemptions contain	ned in Chapter 119	9, Florida Statutes.	1 further cer	lify that the i	nformation
indicated of the co	d on this repo rporation or	ort or supplemental report is the receiver or trustee emp	s true and accurate and that owered to execute this repo	at my signa ort as requ	ature shall have t	he same legal effec	n as il made lindel	oain: inai i i	am an oiticei	or at rector
changed	i, or on an at	tachment with an address.	with all other like empowers	ed.						