## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 16, 2008 8:00 am Secretary of State

Third Process   Discharges   The ATT   The A	DOCUMENT # P07000079542  1. Entity Name ZAKI II, INC.						05-16-2008 90026 001 ***150.00				
Suite, Apt. 4, etc.    Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   Applied Service   Applied Servi	164 4TH AVENUE NORTH 164 4TH AVENUE NORTH				us		 			RI <b>ri</b> i (1 1 <b>15</b> 1	
City & State  City & State  City & State  Country  Country  Zip  Country  Signature  Country  Englanded and Address of Current Registered Agent  For Required  For Regulated  For Required  For Required  For Required  For Required  For Regulated  For Required  For Regulated  For R	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
Zip Country Zp Country Zp Country	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04272008	Chg-P	CR2E03	4 (12/06)		
S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  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 agent, or both, in the State of Florida. I am barrillar with, and accept the exhigations of registered agent.  SIGNATURE  SIGN	City & Stat	е	City & State					£	<u> </u>	<del></del>	
SAMAHA, CHARLES ESQ. 259 4TH AVENUE NORTH ST. PETERSBURG, FL 33701  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.  SGANATURE  Tograture, Total or princh name or registered agent.  PILE NOWITE FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  10. 75 OFFICIRS AND DIRECTORS  Trust Fund Contribution  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PART AVENUE NORTH TITLE B4 ATH AVENUE NORTH TITLE NAME ZAKI, SHERINE 164 4TH AVENUE NORTH TITLE NAME 274KI, SHERINE 165 ATH AVENUE NORTH TITLE NAME 275 ATH TIERRA VERDE, FL 33715  Debete NAME 275 ATH TIERRA VERDE, FL 33715  TITLE NAME 275 AND TIERRA V	Žip	Country	intry Zip Con		atry				8.75 Add	titlonal	
SAMAHA, CHARLES ESQ. 259 4TH AVENUE NORTH ST. PETERSBURG, FL 33701    City   FL   Zip Code		6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered A	gent		
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code		01115150 500			Name						
City   FL   Zip Code	259 4TH A	VENUE NORTH	Street Address (P.O. Box Number is Not Acceptable)								
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:  SCRIATURE:  SCRIATUR											
SIGNATURE  Signature, typeid or printed name of registered agent and 190 # applicable.  PATE Registered Agent signature required when verticating)  After May 1, 2008 Fee will be \$550.00  40.	•				City	FL Zip Code					
Signature, Injury of any through name of registrate agent and the Flagolacable (PACTE: Registered Agent signature required when remaining)   SA.00 May Be Added to Fees	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.										
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	ļ	portify that the information a mail = 2.14	this filing dog t " . *		i		En tal Control	<i>.</i>			

12. I hereby certify that the information supplied with this filling 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

SHERINE ZAKI P

4.27-08 727 480-8780

Daytime Phone #