

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000011734

Entity Name: 3045 OF OCALA INC

FILED  
Apr 23, 2009  
Secretary of State

**Current Principal Place of Business:**

3045 SE 3RD AVE  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

1438 OCEAN REEF RD  
WESLEY CHAPEL, FL 33543

**New Mailing Address:**

FEI Number: 26-1889031

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FARAJ, HATEM  
1438 OCEAN REEF RD  
WESLEY CHAPEL, FL 33543 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P,S ( ) Delete  
Name: FARAJ, HATEM  
Address: 1438 OCEAN REEF RD  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: VP,T ( ) Delete  
Name: EMAD, ELFARAJ  
Address: 1438 OCEAN REEF RD  
City-St-Zip: WESLEY CHAPEL, FL 33543

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HATEM FARAJ

PS

04/23/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date