2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 27, 2008 08:00 AN Secretary of State **DOCUMENT # P93000069095** 1. Entity Name ELIAS ZAKHARIA ENTERPRISES, INC. Principal Place of Business Mailing Address 7649 SIERRA DR. WEST 7649 SIERRA DR. WEST BOCA RATON, FL 33433 BOCA RATON, FL 33433-3321 US No Chg-P CR2E034 (11/05) 02202008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0460195 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ZAKHARIA, ELIAS DO NOT WRITE 7649 SIERRA DR. WEST BACA RATON, FL 33433 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when remediting) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. **OFFICERS AND DIRECTORS** TILE NAME ZAKHARIA, ELIAS STREET ADDRESS 7649 SIERRA DR. WEST CITY-ST-ZIP BOCA RATON, FL 33433 U00000840761 03/07/08-80006-006 150:00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADORESS CITY-ST-7P