

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90111 020 ***150.00

DOCUMENT # P94000008188

1. Entity Name
95 WHSE INC.



Principal Place of Business
**3001 W HALLANDALE BEACH BLVD.
STE. 300
PEMBROKE PARK, FL 33009**

Mailing Address
**3001 W HALLANDALE BEACH BLVD.
STE. 300
PEMBROKE PARK, FL 33009**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

02132006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
65-0464335

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JAZAYRI, SAM
3121 W HALLANDALE BEACH BLVD.
SUITE 102
PEMBROKE PARK, FL 33009**

Name **JAZAYRI, SAM**

Street Address (P.O. Box Number is Not Acceptable)
3001 W HALLANDALE BCH BLVD

SUITE 300

City **PEMBROKE PARK**

FL

Zip Code **33009**

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

Signature of agent or person who is registered agent and fee is applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **JAZAYRI, SAM**
STREET ADDRESS **3001 W HALLANDALE BEACH BLVD., STE. 300**
CITY-ST-ZIP **PEMBROKE PARK, FL 33009**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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.

SIGNATURE:

[Signature]

SAM JAZAYRI

3/21/06

Date

954-981-1154

Daytime Phone #