2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000079944

130 N.E. 1ST ST.

MIAMI, FL 33132

Address: City-St-Zip:

Entity Name: TIME ZONE OF MIAMI, INC.

FILED Jan 17, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 130 N.E. 1ST STREET MIAMI, FL 33132 **Current Mailing Address: New Mailing Address:** 130 N.E. 1ST STREET MIAMI, FL 33132 FEI Number: 65-0616319 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LKAHNI, SALIM 130 N.E. 1ST STREET MIAMI, FL 33132 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ASHIQUEALI, ASLAM Name: Name: 130 N.E. 1ST STREET Address: Address: City-St-Zip: MIAMI, FL 33132 City-St-Zip: () Delete Title: SVD Title: () Change () Addition Name: LAKHANI, SALIM Name: 130 N.E. 1ST STREET Address: Address: MIAMI, FL 33132 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition ASHIQUEALI, ZOHRA A Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: ASLAM ASHIQUEALI PD 01/17/2007