

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000079944

FILED  
Mar 04, 2008  
Secretary of State

Entity Name: TIME ZONE OF MIAMI, INC.

## Current Principal Place of Business:

130 N.E. 1ST STREET  
MIAMI, FL 33132

## New Principal Place of Business:

## Current Mailing Address:

130 N.E. 1ST STREET  
MIAMI, FL 33132

## New Mailing Address:

FEI Number: 65-0616319

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LKAHNI, SALIM  
130 N.E. 1ST STREET  
MIAMI, FL 33132 US

## Name and Address of New Registered Agent:

ASHIQUEALI, ASLAM  
130 N.E. 1ST STREET  
MIAMI, FL 33132 US

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: ASLAM ASHIQUEALI

03/04/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ASHIQUEALI, ASLAM  
Address: 130 N.E. 1ST STREET  
City-St-Zip: MIAMI, FL 33132

Title: SVD (X) Delete  
Name: LAKHANI, SALIM  
Address: 130 N.E. 1ST STREET  
City-St-Zip: MIAMI, FL 33132

Title: S ( ) Delete  
Name: ASHIQUEALI, ZOHRA A  
Address: 130 N.E. 1ST ST.  
City-St-Zip: MIAMI, FL 33132

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ASLAM ASHIQUEALI

PD

03/04/2008

Electronic Signature of Signing Officer or Director

Date