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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P97000016477

1. Corporation Name

FILED Feb 15, 1999 8:00am **Secretary of State**

02-15-1999 90005 032 ***150.00

AHMAD ZAKEH, INC.									
Principal Plac	e of Rueinese	Mailing Address			·	1	# #8841888	i aldin dian	1001 1001 1001
•		P.O. BOX 10622							
P.O. BOX 10622 P.O. BOX 10622 POMPANO BEACH FL 33061 POMPANO BEACH FL 33061							DO NOT WRITE IN THIS	SOMOF	
							Date Incorporated or Qualifed	J OI AUL	·
							02/20/1997		
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address				FEI Number	Ap	plied For
21		26				65-0727872	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			_	Certificate of Status Desired	•	Additional
22		27				٧.	Octations of Outline Desired	Fee Re	equired
City & Stat	le	City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Žip	Coun	ntry		8.	This corporation owes the current year Ir		
24	25		30				Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curr	rent Registered Agent		1		10.	Name and Address of New Registered	Agent	
741/	CD ALBAAD	•	1	81	Name				ļ
ZAKER, AHMAD				82	Street Addres	Idress (P.O. Box Number is Not Acceptable)			
1820 N.E. 48TH STREET, #302			L			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			1 . No. 10
POMPANO BEACH FL 33064			1	83			THE WAS DESIGNATED AND THE SERVICE OF THE SERVICE O		
				84	City		The state of the second control of the secon	85 Zip (Code
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affina ar i	registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida. Such change was at igations of, Section 607.0505, Flor	uthorized i rida Statut	by tes.	the corporation	n's Do	n submits this statement for the purpose card of directors. I hereby accept the appointment of the purpose of t	ointment as re	gistered
	Signature, typed or printed name of registered a		<u> </u>	Agent	t signature required v		ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTO	NDC IN 12
12.		AND DIRECTORS	13.				- Marie -	Change	Addition
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CITY-ST-ZIP			2.3 STR	ME REET	ADDRESS			☐ Change	☐ Addition
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, ofton an attachment with an address, with all other like empowered.

SIGNATURE:

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