


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90154 041 ***150.00

DOCUMENT # P97000047852

1. Entity Name
 MR. Z GENERAL, INC.



Principal Place of Business
 3841 N. 50 AVE.
 HOLLYWOOD, FL 33021

Mailing Address
 3841 N 50 AVENUE
 HOLLYWOOD, FL 33021



2. Principal Place of Business
 514 South H Street
 Suite, Apt. #, etc.

3. Mailing Address
 110 Ibisca Terrace
 Suite, Apt. #, etc.

04212005 Chg-P CR2E034 (10/03)

City & State
 LAKE WORTH, FL

City & State
 Royal Palm Beach FL

Zip
 33460-4439

Country
 U.S.A.

Zip
 33411

Country
 U.S.A.

4. FEI Number
 65-0767690

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 SHARIFEH, ZAFER
 3841 N 50 AVENUE
 HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent
 Name
 SHARIFEH, ZAFER
 Street Address (P.O. Box Number is Not Acceptable)
 110 Ibisca Terrace
 City
 Royal Palm Beach FL Zip Code
 33411

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]* DATE: 4/24/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHARIFEH, LAILA 3841 N 50 AVENUE HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHARIFEH, ZAFER 3841 N 50 AVENUE HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHARIFEH, LAILA 110 Ibisca Terrace Royal Palm Beach, FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHARIFEH, ZAFER 110 Ibisca Terrace Royal Palm Beach, FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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]* DATE: 4/24/05 DAYTIME PHONE #: 954/662-9501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR