## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 11, 2008 8:00 am Secretary of State

						, Secretary or State				
DOCUMENT # P97000097585  1. Entity Name INTERBAY OF TAMPA, INC.						02-11-2008 9	_			
Principal Plac	e of Business	Mailing Address			you.	-				
6110 INTERBAY BLVD		6022 SOUTH 2ND ST								
TAMPA, FL 33611		TAMPA, FL 33611								
					1 1661(59) ((	1816 18 <b>6</b> 1 8811 8812 881		DI SMBI (SIBLE)	TRI	
2. District Place of Districts No. DO. South 1.2. Mailing Address										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		(  <b>                                  </b>						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01242008	Chg-P	CR2E03	34 (12/06)		
City & State		City & State			4. FEI Number Applied For 20-2198934 Not Applicable					
Zip	Country	Zip	Country			of Status Desired		8.75 Add	litional	
6 Name and Address of Current Pag		Pagistared Agent	gent		7 Name and	Address of New P		ee Require	<u> </u>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent  Name						
SHOUBAKI, HANI 6022 SOUTH 2ND ST			Str	Street Address (P.O. Box Number is Not Acceptable)						
TAMPA, FL 33611					<del></del>					
			Cit	у			FL	Zip Cod	е	
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, typed or printed name of registered agent and title if applicable. (NOTE: Pagistered Agent signature required when reinstating)  DATE										
FILE NOW!!! FEE IS \$159.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign I Trust Fund Contribu					.00 May Be ed to Fees				`.	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE	P &	☐ Delete	TITLE					Change	☐ Addition	
NAME	SHOUBAKI, HANI		NAME							
STREET ADDRESS	6022 SOUTH 2ND ST		STREET ADDI	l l						
CITY-ST-ZIP	TAMPA, FL 33611		CITY-ST-ZIF	<u> </u>						
TITLE	VP —	☐ Delete	TITLE					Change	☐ Addition	
NAME AXDEET LANDSEGG	SHOUBARI, MARIA V		NAME	oree						
STREET ADDRESS CITY-ST-ZIP	6022 S 2ND ST TAMPA, FL 33611		STREET ADOI							
	s MOHAMM	PD □ Politic	TITLE					☐ Change	☐ Addition .	
TITLE NAME	DUHAYAT, MOHAMMGO	<b>ED</b> □ Delete	NAME					☐ Change	Addition	
STREET ADDRESS	6224 S CHURCH AVE		STREET ADDI	RESS						
CITY-ST-ZIP	TAMPA, FL 33616		CITY-S1-ZIF	,					-	
TITLE		☐ Delete	TITLE	i				Change	☐ Addition	
NAME			NAME							
STREET ADORESS			STREET ADDI	1						
CITY-ST-ZIP			CITY-ST-ZIF							
TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADOI	RESS						
CITY-ST-ZIP			CITY-ST-ZIF			•				
TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME	l	_ 55.5.5	NAME					- *	_	

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 outrustee employered 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 accuracy with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-08

Date

(813) 839754

Daytine Phone #