## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 22, 2007 08:00 AM Secretary of State

| ANNUAL REPORT           |  |
|-------------------------|--|
| DOCUMENT # P98000039412 |  |

1. Entity Name FARHAD INC.

Principal Place of Business

Mailing Address

15002 N FLORIDA AVE TAMPA, FL 33613 15002 N FLORIDA AVE TAMPA, FL 33613



## DO NOT WRITE IN THIS SPACE

| 02132007      | No Chg-P | CR2E034 (1 | 1/05)          |
|---------------|----------|------------|----------------|
| 4. FEI Number |          |            | Applied For    |
| 59-3505909    |          |            | Not Applicable |

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAVAEE, FARHAD 4105 INTERLAKE DRIVE TAMPA, FL 33624

## DO NOT WRITE IN THIS SPACE

| the obligations of registered agent.  |  |  |                |                                |   |  |
|---|--|--|----------------|--------------------------------|---|--|
| SIGNATURE.  | Signature, typed or printed name of registered agent and title ( | applicable. (NOTE: Registered                        | Anent signatur | e required when reinstating)   | DATE                                      |  |
|   | E NOW!!! FEE IS \$150.00<br>ay 1, 2007 Fee will be \$550.00      | Election Campaign Finant<br>Trust Fund Contribution. |                | \$5.00 May Be<br>Added to Fees |   |  |
| 10.   | OFFICERS AND DIREC   | TORS   |                |                                | · - · - · · - · · · · · · · · · · · · ·   |  |
| TITLE, NAME STREET ADDRESS CITY-ST-ZIP  | D<br>RAVAEE, FARHAD<br>4105 INTERLAKE DR<br>TAMPA, FL 33624      |  |                |                                | Hoppoperomers                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  |                |                                | 000000642744<br>03/01/07-80056-005 150.00 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |                | DO                             | NOT WRITE                                 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |                | IN '                           | THIS SPACE                                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | ``.  |                |                                |   |  |
| NAME STREET ADDRESS CITY-ST-ZIP   |  |  |                |                                |   |  |
| 12. Thereby 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 flue 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 fruster end ownered 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. |  |  |                |                                |   |  |