2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2005 08:00 AM Secretary of State

	e of Business and Business Willing Address Table E LUMSDEN RD BRANDON, FL 33511 Bace of Business 3. Mailing Address Samble April #, etc. Bulle, April #, etc. City & State Country Tip Country City 6. Name and Address of Current Registered Agent MES P H HYDE PARK AVENUE 33606 City named entity submits this statement for the purpose of changing its registered office or rons of registered agent. Synthera, hyed or printed name of registered agent and 5th of applicable B NOWILL FEE IS \$150.00 3y 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS D KAZBOUR, TAREK 1108 DEER RUN PLACE VALRICO, FL 33594 Delete TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP Delete TITLE NAME STREET ADDRESS CITY-ST-ZP Delete TITLE NAME STREET ADDRESS CITY-ST-ZP			Apr 50, 2005 05.00 Av	₽,	
DOCUMENT # P98000041947 1. Entity Name TAREK MANAGEMENT, INC.					Secretary of State	
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Principal Place of Business 1108 DEER RUN PLACE VALRICO, FL 33594 US		1326 E LUMSDEN RO	US	-		
		<u>, </u>				
2. Principal Place of Business		3. Mailing Address		· · · · <u>- · · · · · · · · · · · · · · ·</u>	?	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		- ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	04062005 Chg-P CR2E034 (10/03)	ے۔
City & State		City & State			4. FEI Number Applied For 59-3509066 Not Applicable	 le
Zìp	Country	Zip	Coun	try	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent	
				Name		
HINES, JAMES P 315 SOUTH HYDE PARK AVENUE TAMPA, FL 33606			1	Street Address	(P.O. Box Number is Not Acceptable)	
				City	⊏1 Zip Code	_
		<u></u>	<u></u>		F L	\dashv
8. The above the obligat	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistere	ed office or registe	red agent, or both, in the State of Florida. I am familiar with, and accep	"
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable (NOTE:	Registered	d Agent signature requires	d when reinstating) DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0			ocing \$5	.00 May Be led to Fees	
10.	OFFICERS AND DIRECTORS		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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12. I hereby indicated of the co	certify that the information supplied with fon this report or supplemental report is poration or the receiver or trustee empored or on an atlachment with an address, to	this filling does not qualify for the true and accurate and that my wered to execute that the true and true an	the exe y signal s requi	mption stated in Sture shall have the red by Chapter 60	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 10 or Block 11 in	r if