

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90028 033 ***150.00

DOCUMENT # P98000068175

1. Entity Name
ZAHRA, INC.



Principal Place of Business
**5428 W ATLANTIC BLVD
MARGATE, FL 33063**

Mailing Address
**5428 W ATLANTIC BLVD
MARGATE, FL 33063**

94035118



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1456 N. State Road 7

Suite, Apt. #, etc.

02282004

Chg-P

CR2E034 (10/03)

City & State

City & State

Margate, Florida 33063

4. FEI Number

65-0873829

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMIRI, PARVIN F.M.
19641 BISCAYNE BAY DR
BOCA RATON, FL 33498**

Name
Amiri, Parvin F.M.

Street Address (P.O. Box Number is Not Acceptable)
1456 N. State Road 7

City
Margate

FL

Zip Code
33063

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

Parvin F.M. Amiri

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/22/14

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **AMIRI, PARVIN F.M.**
STREET ADDRESS **19641 BISCAYNE BAY DR**
CITY-ST-ZIP **BOCA RATON, FL 33498**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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:

Parvin F.M. Amiri

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/14

Date

Daytime Phone #