

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90287 041 \*\*\*150.00

**60028047**



04072006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P98000096799</b> 1. Entity Name <b>BAHRI INDUSTRIES, INC.</b>					
Principal Place of Business <b>FT. CAROLINE AMOCO 3551 UNIVERSITY BLVD. N. JACKSONVILLE, FL 32277</b>			Mailing Address <b>FT. CAROLINE AMOCO 3551 UNIVERSITY BLVD. N. JACKSONVILLE, FL 32277</b>		
2. Principal Place of Business <b>3624 BRIDGEWOOD DR.</b> Suite, Apt. #, etc		3. Mailing Address <b>3624 Bridgewood Dr.</b> Suite, Apt. #, etc.			
City & State <b>Jacksonville, FLORIDA</b> Zip Country <b>32277 DUVAL</b>		City & State <b>Jacksonville, FL</b> Zip Country <b>32277 DUVAL</b>		4. FEI Number <b>59-3541355</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>AKEL, EDWARD C 1 INDEPENDENT DRIVE, SUITE 2301 JACKSONVILLE, FL 32202</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD BAHRI, ANDRE 3624 BRIDGEWOOD DRIVE JACKSONVILLE, FL 32277</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP BAHRI, CARLA 3624 BRIDGEWOOD DRIVE JACKSONVILLE, FL 32277</b> <input type="checkbox"/> Delete		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"/> Delete		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 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 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.					
<b>SIGNATURE:</b> <b>ANDRE BAHRI</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4-10-06 744-4472</b> <small>Date Daytime Phone #</small>		