

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000096799**

1. Entity Name  
**BAHRI INDUSTRIES, INC.**



Principal Place of Business  
**3624 BRIDGEWOOD DR  
JACKSONVILLE, FL 32277**

Mailing Address  
**3624 BRIDGEWOOD DR  
JACKSONVILLE, FL 32277**



05212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3541355</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**AKEL, EDWARD C  
1 INDEPENDENT DRIVE, SUITE 2301  
JACKSONVILLE, FL 32202**

**DO NOT WRITE  
IN THIS SPACE**

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 use if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	BAHRI, ANDRE
STREET ADDRESS	3624 BRIDGEWOOD DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32277

TITLE	VP
NAME	BAHRI, CARLA
STREET ADDRESS	3624 BRIDGEWOOD DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32277

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Carla Bahri* **CARLA BAHRI V.P.**

Date

Daytime Phone #

**5/21/08 904 333-472**