

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000030753

1. Entity Name
ZAVEN KAZAN ENTERPRISES TWO, INC.



Principal Place of Business
2000 PGA BLVD., SUITE 5503
PALM BEACH GARDENS, FL 33408

Mailing Address
2000 PGA BLVD., SUITE 5503
PALM BEACH GARDENS, FL 33408



02202007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0912272

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KAZAN, ZAVEN
1024 SHADY LAKES CRL
PALM BEACH GARDENS, FL 33418

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007, Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
KAZAN, ZAVEN
1024 SHADY LAKES CRL
PALM BEACH GARDENS, FL 33418

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRS
KAZANDJIAN, ZAVEN
1024 S SHADLY LAKES CIR
PALM BEACH GARDENS, FL 33418

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
KAZANDJIAN, MURIE
1024 S SHADLY LAKES CIR
PALM BEACH GARDENS, FL 33418

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000672673
03/28/07-80078-016 150.00

**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

3/16/07

Daytime Phone #