

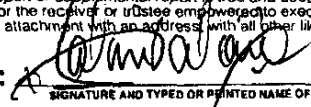


**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90465 041 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P99000071648</b> 1. Entity Name <b>ZOHRA, INC. V.</b>			
Principal Place of Business <b>1901 TALLOKAS AVENUE          ORLANDO, FL 32805</b>		Mailing Address <b>1901 TALLOKAS AVENUE          ORLANDO, FL 32805</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		 04262004 No Chg-P CR2E034 (10/03)	
4. FEI Number <b>59-3587931</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$11.75 Additional          Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>VALIANI, SALIM          1901 TALLOKAS AVENUE          ORLANDO, FL 32805</b>		<b>DO NOT WRITE          IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2004 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>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>VALIANI, SALIM          1901 TALLOKAS AVENUE          ORLANDO, FL 32805</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE:          IN THIS SPACE</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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<b>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.</b>			
<b>SIGNATURE:</b> 		Date <b>4/30/04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			