2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 27, 2008 08:00 AN Secretary of State

ANNUAL REPORT					Secretary of S
1. Entity Name	MENT # S40309 ALTY & PROPERTY INC.				Secretary of S
Principal Place 15438 N. FLI SUITE 120 TAMPA, FL 3	ORIDA AVE	Mailing Address P O BOX 273941 TAMPA, FL 33688] 	
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DO NOT WRITE IN THIS SPACE			CE	02212008 No Chg-P 4. FEI Number	CR2E034 (11/05) Applied For
				59-3049027 5. Certificate of Status Desired	Not Applicable \$8.75 Additional
	6. Name and Address of Current Re	-1-4	· · · · · · · · · · · · · · · · · · ·	<u></u>	Fee Required
GHANNAD, HAMID 16221 VILLARREAL DE AVILA TAMPA, FL 33613				DO NOT W	—
	named entity submits this statement for thions of registered agent.	e purpose of changing its register	l · ed office or register	red agent, or both, in the State of Fi	orida. I am famılıar with, and accept
FIL	Signature, typed or printed name of registered agent and E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Fina		.00 May Be led to Fees	DATE
10.	OFFICERS AND DI	RECTORS	l .		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GHANNAD, HAMID 16221 VILLARREAL DE AVILA TAMPA, FL 33613				00841101 3-80004-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GHANNAD, SHAHNAZ 16221 VILLARREAL DE AVILA TAMPA, FL 33613			Wat allow the	3 0000 000 100100
NAME STREET ADDRESS CITY-ST-ZIP			'i	DO NOT W	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Net.	IN THIS SI	PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

12. I hereby certify that the information supplied with this filing does not Availity 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 exempt 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: 🔑

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING AFFICER OR DIRECTOR

2-01-0

Daytime Phone #