

FROM : PERLA MOBIL

FAX NO. : 813 886 9375

Apr. 29 2005 10:37AM P1

FILED**May 02, 2005 08:00 AM**
Secretary of State**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S81208	
1. Entity Name ZAKI, INC.	
Principal Place of Business 621 MONTE CRISTO BLVD. TIERRA VERDE, FL 33715	Mailing Address 621 MONTE CRISTO BLVD. TIERRA VERDE, FL 33715

U00000350815
05/02/05-80121-001 150.00

04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3115715	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ZAKI, ASHRAF 621 MONTE CRISTO BLVD. TIERRA VERDE, FL 33715	DO NOT WRITE IN THIS SPACE
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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 reissuing.

DATE

FILE NOW!!! FEE IS \$450.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAKI, ASHRAF 621 MONTE CRISTO BLVD. TIERRA VERDE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZAKI, SHERINE 621 MONTE CRISTO BLVD. TIERRA VERDE, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-5
Date

727
480-8780
Oxygene Phone #