

FROM : PERLA MOBIL

FAX NO. : 813 886 9375

Apr. 20 2007 03:11 PM P6

2007 FOR PROFIT CORPORATION
ANNUAL REPORTFILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # S81208 1. Entity Name ZAKI, INC.	
---	---

Principal Place of Business
621 MONTE CRISTO BLVD.
TIERRA VERDE, FL 33715Mailing Address
621 MONTE CRISTO BLVD.
TIERRA VERDE, FL 33715U000000726885
05/04/07-80025-011 150.00

04202007 No Chg-P CR2E034 (11/05)

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 33715DO 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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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 118, 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

Date

Daytime Phone #

ASHRAF ZAKI 4-20-07 727 480-8780