

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90027 036 \*\*\*150.00

**DOCUMENT # S81208**

1. Entity Name  
**ZAKI, INC.**



Principal Place of Business

**621 MONTE CRISTO BLVD. 1644 AVE N. 621 MONTE CRISTO BLVD.**  
**TIERRA VERDE, FL 33715 T.V FL 33715 TIERRA VERDE, FL 33715**

Mailing Address

**1644 AVE N. T.V FL 33715**

**DO NOT WRITE IN THIS SPACE**

04272008 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 33715**

**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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. 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 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: **ASHRAF ZAKI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-27-08 727 480-8780**

Date

Daytime Phone #