

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000001454

FILED
Apr 27, 2004
Secretary of State

Entity Name: INTERCHANGE ASSOCIATES INC.

Current Principal Place of Business:

C/O MICHAEL P. COLLINS, ESQ.
767 THIRD AVENUE
NEW YORK, NY 10017 US

New Principal Place of Business:

C/O MICHAEL P. COLLINS, ESQ.
725 FIFTH AVENUE
NEW YORK, NY 10022 US

Current Mailing Address:

C/O MICHAEL P. COLLINS, ESQ.
767 THIRD AVENUE
NEW YORK, NY 10017 US

New Mailing Address:

C/O MICHAEL P. COLLINS, ESQ.
725 FIFTH AVENUE
NEW YORK, NY 10022 US

FEI Number: 51-0344581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: NASHAR, MAHMOUD M
Address: P.O. BOX 6697/JEDDAH/SAUDIA ARABIA OR
City-St-Zip: C/O 300 E 42ND ST., NEW YORK, NY 10017

Title: VCD () Delete
Name: KHASHOGGI, HUSNI H
Address: PO BOX 13162//JEDDAH/SAUDIA ARABIA OR
City-St-Zip: C/O 300 E 42ND ST., NEW YORK, NY 10017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAHMOUD NASHAR

PCD

04/27/2004

Electronic Signature of Signing Officer or Director

_____ Date