


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # J18147
 1. Entity Name
 YOUNESS ENTERPRISES, INC.



Principal Place of Business: 11963 INDIAN ROCKS RD. LARGO, FL 34644
 Mailing Address: 11963 INDIAN ROCKS RD. LARGO, FL 34644

DO NOT WRITE IN THIS SPACE



04142004 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-2726053 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HAYES, GEORGE
 5959 CENTRAL STE 104
 SAINT PETERSBURG, FL 33710

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000115275
 04/16/04-80018-004 150.00

10. OFFICERS AND DIRECTORS

| | |
|-----------------|--------------------|
| TITLE | DP |
| NAME | YOUNESS, DANIEL |
| STREET ADDRESS | 13000 PARK BLVD |
| CITY - ST - ZIP | SEMINOLE, FL 33776 |
| TITLE | ST |
| NAME | YOUNESS, ANGELINE |
| STREET ADDRESS | 13000 PARK BLVD |
| CITY - ST - ZIP | SEMINOLE, FL 33776 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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]* SFT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 4/13/04 Daytime Phone #: 596 6780