

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000075302

FILED
Apr 27, 2004
Secretary of State

Entity Name: SOBANI INC.

Current Principal Place of Business:

8060 W. WATERS AVENUE
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

8060 W. WATERS AVE.
TAMPA, FL 33615

New Mailing Address:

FEI Number: 59-3751964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABUAMAISH, MAJED
8060 W. WATERS AVE.
TAMPA, FL 33615

Name and Address of New Registered Agent:

ABUAMAISH, MAJED
P.O. BOX 372
RIVERVIEW, FL 33568

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: MA

04/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TREA () Delete
Name: ABUAMAISH, MAJED A TREA
Address: P.O. BOX 372
City-St-Zip: RIVERVIEW, FL 33568

Title: PRES () Delete
Name: ABUAMAISH, GHASSAN A PRES.
Address: P.O. BOX 1190
City-St-Zip: RIVERVIEW, FL 33568

Title: V.P () Delete
Name: ABUAMAISH, MAJED A V. PRES
Address: P.O. BOX 372
City-St-Zip: RIVERVIEW, FL 33568

Title: SECR () Delete
Name: ABUAMAISH, AMJED A SER.
Address: P.O. BOX 1190
City-St-Zip: RIVERVIEW, FL 33568

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: AMAISH, MAJED PD
Address: P.O. BOX 372
City-St-Zip: RIVERVIEW, FL 33568

Title: V.P (X) Change () Addition
Name: IMAISH, GUS VP
Address: P.O. BOX 1190
City-St-Zip: RIVERVIEW, FL 33568

Title: TR (X) Change () Addition
Name: AMAISH, MAJIC TR
Address: P.O. BOX 372
City-St-Zip: RIVERVIEW, FL 33568

Title: SECR (X) Change () Addition
Name: EMAISH, JED
Address: P.O. BOX 1190
City-St-Zip: RIVERVIEW, FL 33568

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: MA

PD

04/27/2004

Electronic Signature of Signing Officer or Director

Date