


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90009 033 ***150.00

DOCUMENT # P02000020989

1. Entity Name
HUSSAMY INVESTMENTS, INC.



Principal Place of Business Mailing Address

**817 BEACHLAND BLVD.
 VERO BEACH, FL 32963** **817 BEACHLAND BLVD.
 VERO BEACH, FL 32963**

54016207

2. Principal Place of Business 3. Mailing Address

845 37th Street **845 37th Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



01272004 Chg-P CR2E034 (10/03)

City & State City & State 4. FEI Number Applied For

Vero Beach, FL **Vero Beach, FL** **01-0609343** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

32960 **USA** **32960** **USA**

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

GARRIS, CHARLES E
817 BEACHLAND BLVD.
VERO BEACH, FL 32963

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HUSSAMY, OMAR D 817 BEACHLAND BLVD. VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	845 37th Street Vero Beach, FL 32960 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HUSSAMY, CAROLE M 817 BEACHLAND BLVD VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	845 37th Street Vero Beach, FL 32960 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(i), 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: Carole Hussamy **CAROLE HUSSAMY** **2/1/04 (772)** **234-5288**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #