2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000036780

1. Entity Name
ALTAF, INC.

Principal Place of Business	Mailing Address
999 PONCE DE LEON BLVD #625 CORAL GABLES, FL 33134	999 PONCE DE LEON BLVD #625 CORAL GABLES, FL 33134

01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0592278
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FARAH, CARLOS M
999 PONCE DE LEON BLVD #625
CORAL GABLES, FL 33134

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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: MEdoo
Signature, typed or printed name of registered agent and title if applicable. (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

000000050496
02/16/04-80013-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	EDOO, AMEER A
STREET ADDRESS	999 PONCE DE LEON BLVD #625
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	DS
NAME	EDOO, JAMILA
STREET ADDRESS	999 PONCE DE LEON BLVD #625
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	DT
NAME	EDOO, ZAHEER
STREET ADDRESS	999 PONCE DE LEON BLVD #625
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(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: MEdoo - AMEER A EDOO FEBRUARY 4, 2004 868 623 7808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #