2005 FOR PROFIT CORPORATION ANNUAL REPORT

YOUNUS A

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED May 02, 2005 08:00 AM Secretary of State

1. Entity Nan	MENT # P0200007147	' 9			Sec	retary (oi State
3032 N. GO	LENROD ROAD	Mailing Address 3032 N. GOLENRÓD ROAD MINTERPARK, FL 32792	,		i neke kiris edaki sekik we	ill world ibaan dibir aldli	INDIN INIINN (11 JEN)
	The state of the s						
DO NOT WRITE IN THIS SPACE			CE	04212005	No Chg-P	CR2E034 (10)/03) Applied For
				01-072			Not Applicable 5 Additional aguired
	6. Name and Address of Current Regis			, , , , , , , , , , , , , , , , , , , ,	7001	<u> </u>	
ALI, YOUNUS 3032 N. GOLDENROD ROAD WINTERPARK, FL 32792			DO NOT WRITE IN THIS SPACE				
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 Signature, yound or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when robustating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financin Trust Fund Contribution.				.00 May Be ed to Fees			
ווונב זוונב	OFFICERS AND DIREC	CTORS					and Mary Sand
NAME STREET ADDRESS CITY-ST-ZIP	ALI, YOUNUS 3032 N. GOLDENROD ROAD WINTERPARK, FL 32792						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Supering States and Control of the C	1.77 Tu 1.22-1 _{0.22} 6	05/03/05	1355010 80130-011	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		**************************************		DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SF	PACE	
TITLE NAME STREET ADDRESS			<u></u>	. <u> </u>	<u> </u>		
CITY-S1-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP	<u>-</u>						
12. I hereby of indicated of the corchanged,	certify that the information supplied with this fi on this report or supplemental report is true: portation or the recolver or trustee empowered or on an attachment with an address, with all	ling does not qualify for the exer and accurate and that my signal d to execute this report as requir l other life empowered.	mption stated in Se ture shall have the s red by Chapter 607	ction 119.07(3)[same legal effec , Florida Statute	i), Florida Statutes t as if made under o s, and that my name	I further certify that path; that I am an c e appears in Block	the information officer or director 10 or Block 11 if

Date

Daylime Phone #