04-26-2004 9041 4 031 ***150.00 P03000005990

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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1. Entity Nar	MENT # P03000005	990			OU AL	1630 P	ii 3: 06	E.	
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Principal Place of Business 5011 WILES RD. 306 COCONUT CREEK, FL 33073 US Mailing Address 5011 WILES RD. 306 COCONUT CREEK, FL 33073					Till		. ฮฐบ	63570	· · · · · · · · · · · · · · · · · · ·
COCONOTE	ALLA, FL 33073 TO US	COCONUI CREEN, FL	33073			1111 111 111 111 111	R ATTA ATTA ATTA	1471 - TUTA 1878 - A S	
	Place of Business	3. Mailing Address							
Suite, Apt		Suite, Apt. #, etc.	<u> </u>		04222004	Chg-P	CR2E	034 (10/03)	
City & Sta		City & State	,	<u>. </u>	4. FEI Numbe	1-0463	5386	No	oplied For ot Applicable
Zip	Country	Zìp	Country		5. Certificate	of Status Desir	ed 🔲	\$8.75 Add	
	6. Name and Address of Current R	egistered Agent			7. Name and	Address of No	w.Registered		
ZAINEDD	EEN CHADIA C		Name	,			- ,		
ZAINEDDEEN, SHADIA C 5011 WILES RD. 306 COCONUT CREEK, FL 33073			Street /	Address (P.O. Box Numbe	r is Not Accep	table)		
							, / ,		
			City		·	·	F	- :	
the obligation	e named entity submits this statement for tions of registered agent.	the purpose of changing it	s registered office of	or register	ed agent, or both		/5 - 0		and accept
1. 3	Signature, types occurried name of registered agent ar	d tittle if applicable (NO	TE: Registered Agent signa	sture required	when reinstating) .		DATE		:
Fil After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campa Trust Fund Con			00 May Be ed to Fees		,		
10.	OFFICERS AND D		11.		ADDITIONS/	CHANGES TO	OFFICERS AN		
NAME STREET ADDRESS CITY-ST-ZIP	ZAINEDDEEN, SHADIA C 5011 WILES RD. #306 COCONUT CREEK, FL 33073	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			,		☐ Change	Addition
TITLE NAME		☐ Delete	TITLE NAME		•			Change	Addition
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- STREET ADDRESS CITY-ST-ZIP	<u> </u>		STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·				
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TITLE -		☐ Delete	TITLE NAME		•	•		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	3.5		STREET ADORESS						
of the co	certify that the information supplied with to on this report or supplemental report is to reporation or the receiver or trustee empore, or on an attachment with an address.	vered to execute this repor	t as required by Ch	ated in Se have the s apter 607	ction 119.07(3)(i same lagal effect , Florida Statutes), Florida Statut as if made und ; and that my r	es. I further ce der bath; that I name appears	rtify that the in am an officer in Block 10 or	iformation or director Block 11 if

PD 242

KATTOURA & ASSOCIATES, INC.

ACCOUNTING, BOOKKEEPING & TAX SERVICES

1499 West Palmetto Pk Rd Suite 416 Boca Raton, Fl. 33486 TEL: (561) 362-0491

P.O. Box 728 Boca Raton, Fl. 33429 FAX: (561) 394-5134

National Society of Tax Professional

August, 25 2004

Division of Corporation P.O. Box 6327 Tallahassee, FL 32314 Reinstatement Section

REF: AYACHE BROS, INC.
DOCUMENT # P03000005990

Dears Sirs,

We are enclosing the $Annual\ Report\ already\ filed\ on\ time\ on\ April\ 26\ 2004$.

Please accept this form with the original signature of our client who never received any notice at all about this matter.

Although we would like to verify our address currently is the right one as we show in the annual report form.

Thank you for your cooperation in this matter.

If you have any further question, please do not hesitate to contact us.

Sincerely

Andre K Kattoura