


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90060 015 ***150.00

DOCUMENT # P94000008188
 1. Entity Name
 95 WHSE INC.



Principal Place of Business
 3121 W HALLANDALE BEACH BLVD.
 STE 101
 PEMBROKE PARK, FL 33009

Mailing Address
 3121 W HALLANDALE BEACH BLVD.
 STE 101
 PEMBROKE PARK, FL 33009

94033983

2. Principal Place of Business
 3001 W Hallandale Bch Blvd
 Suite, Apt. #, etc.
 Suite 300

3. Mailing Address
 3001 W Hallandale Bch Blvd
 Suite, Apt. #, etc.
 Suite 300



01082004 Chg-P CR2E034 (10/03)

City & State
 Pembroke Park, FL

City & State
 Pembroke Park, FL

Zip
 33009

Country
 USA

Zip
 33009

Country
 USA

4. FEI Number
 65-0464335

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

JAZAYRI, SAM
 3121 W HALLANDALE BEACH BLVD.
~~SUITE 192~~
~~PEMBROKE PARK, FL 33009~~
 3001 W Hallandale Bch Blvd
 Suite 300
 Pembroke Park, FL 33009

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PSTD JAZAYRI, SAM 3121 W HALLANDALE BCH.,BLVD. STE.102 PEMBROKE PARK, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3001 W Hallandale Bch Blvd Ste 300 Pembroke Park, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Sam Jazayri Date: 3/17/04 Daytime Phone #: 954-981-1154