


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2004 8:00 am**  
**Secretary of State**

01-16-2004 90014 008 \*\*\*158.75

**DOCUMENT # P02000093381**

1. Entity Name  
**46TH ST. & BUSCH CONV., INC.**



Principal Place of Business  
**9201 NORTH FORTY SIXTH STREET  
 TAMPA, FL 33617**

Mailing Address  
**9201 NORTH FORTY SIXTH STREET  
 TAMPA, FL 33617**

**44002001**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01132004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**02-0639870**

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAMED, JUMA  
 10308 COUNCIL WAY  
 4TH FLOOR  
 TAMPA, FL 33617**

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 PSTD  Delete  
 NAME JAMAL, KHALIO  
 STREET ADDRESS 10308 COUCIL WAY  
 CITY-ST-ZIP TAMPA, FL 33617

TITLE  Change  Addition  
 NAME **Juma Hamed**  
 STREET ADDRESS **10308 Council Way (VP, TD)**  
 CITY-ST-ZIP **Tampa FL 33617**

TITLE SD  Delete  
 NAME SHALABI, MOHAMMAD  
 STREET ADDRESS 10308 COUNCIL WAY  
 CITY-ST-ZIP TAMPA, FL 33617

TITLE  Change  Addition  
 NAME **Ayman B SAEID**  
 STREET ADDRESS **(P S, D)**  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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  VP Date **01/15/04** Daytime Phone # **989-9128**

**\$158.75**