


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90071 047 \*\*\*150.00

**DOCUMENT # P02000018059**

1. Entity Name  
 786 MAHUM INC.



Principal Place of Business  
 19850 NW 83RD AVE  
 HIALEAH, FL 33015

Mailing Address  
 13350 NW 27TH AVE  
 OPA LOCKA, FL 33054

**24051754**

2. Principal Place of Business  
 91200 Overseas Highway  
 Suite, Apt. #, etc. Ray #5

3. Mailing Address  
 20810 W Dixie Hwy  
 Suite, Apt. #, etc.

City & State  
 Tavernier FL

City & State  
 NMB, FL

Zip  
 33070

Country  
 US

Zip  
 33180

Country  
 US



04012004 Chg-P CR2E034 (10/03)

4. FEI Number  
 01-0607073

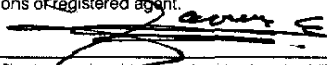
Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 FAROOQ, UMAR  
 815 SW 26TH CT.  
 FT. LAUDERDALE, FL 33315

7. Name and Address of New Registered Agent  
 Name: Umar Farooq  
 Street Address (P.O. Box Number is Not Acceptable): 19850 NW 83rd Ave  
 City: Miami Lakes FL Zip Code: 33015

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: 

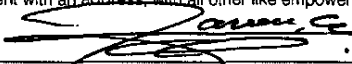
(NOTE: Registered Agent signature required when reinstating.) DATE:

**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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAROOQ, UMAR 19800 NW 83RD AVE FORT LAUDERDALE, FL 33316 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAROOQ, UMAR 19850 NW 83rd Ave Miami Lakes, FL 33015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #