


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

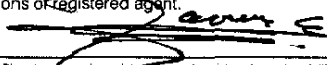
Applied For
 Not Applicable

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: 

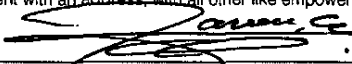
(NOTE: Registered Agent signature required when reinstating.) DATE:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Daytime Phone #: