

**2004 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**


*Amended*

**FILED**

04 JUN 17 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.  
City & State: City & State  
Zip: Country

06142004 Chg-P CR2E034 (10/03)  
4. FEI Number: 02-0639870 Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent  
HAMED, JUMA  
10308 COUNCIL WAY  
4TH FLOOR  
TAMPA, FL 33617

7. Name and Address of New Registered Agent  
Name: *AYMAN B. SAED*  
Street Address (P.O. Box Number is Not Acceptable): *9424 Bell Haven, St*  
City: *Tampa* FL Zip Code: *33637*

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: *Ayman B. Saed* DATE: *6/14/04*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25  
9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: VPTD NAME: HAMED, JUMA STREET ADDRESS: 10308 COUNCIL WAY CITY-ST-ZIP: TAMPA, FL 33617	<input checked="" type="checkbox"/> Delete
TITLE: PSD NAME: SAED, AYMAN B STREET ADDRESS: <i>10308 COUNCIL WAY 9424 Bell Haven</i> CITY-ST-ZIP: <i>TAMPA, FL 33637</i>	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: _____ NAME: <i>AYMAN B. SAED</i> STREET ADDRESS: <i>9424 Bell Haven St</i> CITY-ST-ZIP: <i>Tampa, FL 33637</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Ayman B. Saed* DATE: *6/14/04*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*B*