


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 04, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000001809 1. Entity Name LATIF'S FINE FINISH, INC.	
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Principal Place of Business 2612 SAWGRASS MILLS CIRCLE SUNRISE, FL 33323	Mailing Address 2612 SAWGRASS MILLS CIRCLE SUNRISE, FL 33323
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DO NOT WRITE IN THIS SPACE



07272004 No Chg-P CR2E034 (10/03)

4. FEI Number 56-2275728	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LATIF, IYAD E 3901 SOUTH OCEAN BLVD APT 4U HOLLYWOOD, FL 33019

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP LATIF, IYAD E 3901 SOUTH OCEAN DRIVE APT 4U HOLLYWOOD, FL 33019
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<p>U00000168324 08/04/04-80002-020 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: <u>Iyad E Latif</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	7/27/04 <small>Date</small>	954-845-9449 <small>Daytime Phone #</small>
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