2005 FOR PROFIT CORPORATION

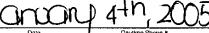
Jan 07, 2005 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # P99000036330 01-07-2005 90020 031 ***158.75 1. Entity Name M. HÁJJAR & ASSOCIATES, INC. Principal Place of Business Mailing Address 50000670 2750 DOUGLAS RD 2750 DOUGLAS RD MIAMI, FL 33133 MIAMI, FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042005 CR2E034 (10/03) City & State City & State 4. FEL Number Applied For 65-0361126 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HAJJAR, MOHAMMAD Street Address (P.O. Box Number is Not Acceptable) 8825 SW 97 TERRACE MIAMI, FL 33176 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change Addition HAJJAR, MOHAMMAD NAME NAME 8825 SW 97 TR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Addition ппя ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME

12. I hereby certify that the information supplied with this filling 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 in changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: AME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS



FILED

ATTACHMENT \$9900036330 M. HAJJAR & ASSOCIATES, INC. 2750 DOUGLAS ROAD, STE. 200 MIAMI, FL 33133 DATE 01-04-05 63-1139/660 01 PAY TO THE TOTOG OPT OF STORE ONC HENDICO FIFTY EIGHT #75 100 DOLLARS FOR STORE OCEAN BANK 790 W 4500 AVE. FOR DOUGLAS 711* 1:06 60 1 1 3 9 2 1: 0 1 0 1 1 8 4 6 60 11*0 5