

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000001809 1. Entity Name LATIF'S FINE FINISH, INC.																	
Principal Place of Business 2612 SAWGRASS MILLS CIRCLE SUNRISE, FL 33323			Mailing Address 2612 SAWGRASS MILLS CIRCLE SUNRISE, FL 33323														
2. Principal Place of Business Suite, Apt #, etc		3. Mailing Address Suite, Apt #, etc		 03172005 Chg-P CR2E034 (10/03)													
City & State		City & State															
Zip Country		Zip Country															
4. FEI Number 56-2275728		Applied For <input type="checkbox"/> 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													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-appointing)</small> DATE _____																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 40%;">CP</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LATIF, IYAD E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3901 SOUTH OCEAN DRIVE APT 4U</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HOLLYWOOD, FL 33019</td> <td></td> </tr> </table>		TITLE	CP	<input type="checkbox"/> Delete	NAME	LATIF, IYAD E		STREET ADDRESS	3901 SOUTH OCEAN DRIVE APT 4U		CITY-ST-ZIP	HOLLYWOOD, FL 33019	
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 40%;">000000300910</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>04/13/05-80010-024 150.00</td> <td></td> </tr> </table>		TITLE	000000300910	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP	04/13/05-80010-024 150.00		12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.			
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Iyad Latif 954-945-9449		Date: _____ Daytime Phone #: _____															