2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005817

Name:

Address:

City-St-Zip:

AL CHURAFA, CHARIF

PEMBROKE PINES, FL 33028

1289 NW 161 AVE.

FILED Apr 21, 2004 Secretary of State

Entity Nar	ne: MAYSAA	A TRADING & CONSTRUCTIO	N INC			
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1866 NW 2 MIAMI, FL	20TH STREE 33142	Т				
Current Mailing Address:			New Maili	New Mailing Address:		
1866 NW 2 MIAMI, FL	20TH STREE 33142	Т				
FEI Number:	76-0614853	FEI Number Applied For()	FEI Number Not App	licable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
CHURAFA, AL CHARIF 10955 SW 15TH STREET, APT 303 PEMBROKE PINES, FL 33025			1289 NW ⁻	CHURAFA, AL CHARIF 1289 NW 161 AVE PEMBROKE PINES, FL 33028		
	named entity of Florida.	submits this statement for the p	ourpose of changing i	ts registered office or registered agent, or both,		
SIGNATURE: AL CHARIF CHURAFA				04/21/2004		
	Electro	nic Signature of Registered Ag	ent	Date		
Election Car	npaign Financir	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D (ALCHURAFA, 13203 ASCOT HOUSTON, TX	GLEN	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D (EL ASSI, MOU 13203 ASCOT HOUSTON, TX	GLEN	Title: Name: Address: City-St-Zip:	D (X) Change () Addition EL CHURAFA, MOUNIRA 1289 NW 161 AVE. PEMBROKE PINES, FL 33028		
Title:	Р () Delete	Title:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: CHARIF AL CHURAFA P 04/21/2004