


2005 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 04, 2005 8:00 am
Secretary of State

01-04-2005 90011 001 ***150.00

DOCUMENT # J10694	
1. Entity Name 786 RESORTS INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4900 W. IRLO BRANSON HWY	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State KISSIMMEE FLORIDA	City & State
Zip 34746	Country USA.

4. FEI Number 59-2516435	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name RAHEMTULLA, NIZAR	
Street Address (P.O. Box Number is Not Acceptable) 4900 W. IRLO BRANSON HWY,	
City KISSIMMEE	FL Zip Code 34746

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT NIZAR RAHEMTULLA 4900 W. IRLO BRANSON HWY, KISSIMMEE FL34746.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT GULSHAN RAHEMTULLA 6233 ST. IVES BLVD, ORLANDO, FL34746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 	Dec 28, 2004	407-396 1668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E034B (12/02)