2004 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT DOCUMENT # J74066 1. Entity Name FATHALLAH & DIMIATY, INC.

FILED Mar 10, 2004-08:00 AM Secretary of State

December 1	Diago	-1	Business

Mailing Address

% HASSIB FATHALLAH

% HASSIB FATHALLAH.

830 SW 27 AVE

830 SW 27 AVE FT LAUDERDALE, FL 33312

FT LAUDERDALE, FL 33312



03032004

No Chg-P

CR2E034 (10/03)

4.	FEI Number	
	65-0002409	

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

		egistered Agent	

FATHALLAH, HASSIB 830 SW 27 AVE FT LAUDERDALE, FL 33312

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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, it am familiar with, and accept the obligations of registered agent						
SIGNATURE	SIGNATURE					
	Signature, typed or printed name of registered agent and title	if applicable, NOTE Regi	istered Agent signature	(grittsterler nertw beriupen t	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 7. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees	U00000082992 03/10/04-80021-004	150 . 00
10.	OFFICERS AND DIREC	TORS				
title name street address city-st-zip	DP FATHALLAH, HASSIB 5270 SW 18TH PLACE PLANTATION, FL 33317			_		
TITLE NAME STREET ADDRESS CITY-ST-EP						::
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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.						

INTED NAME OF SIGNING OFFICER OR DIRECTOR