

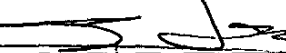


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90060 017 ***150.00

DOCUMENT # K47125 1. Entity Name 95 HALLANDALE, INC.					
Principal Place of Business 3121 W HALLANDALE BCH BLVD STE 102 PEMBROKE PARK, FL 33009 US				Mailing Address 3121 W HALLANDALE BCH BLVD STE 101 PEMBROKE PARK, FL 33009 US	
2. Principal Place of Business 3001 W Hallandale Bch Blvd Suite, Apt. #, etc. Suite 300 City & State Pembroke Park, FL Zip 33009 Country USA		3. Mailing Address 3001 W Hallandale Bch Blvd Suite, Apt. #, etc. Suite 300 City & State Pembroke Park, FL Zip 33009 Country USA			
4. FEI Number 65-0096215				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01082004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent JAZAYRI, SAM 3121 W HALLANDALE BCH BLVD STE 102 PEMBROKE PARK, FL 33009 3001 W Hallandale Bch Blvd Suite 300 Pembroke Park, FL 33009			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSPD JAZAYRI, SAM 5245 SW 101 ST MIAMI, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3001 W Hallandale Bch Blvd Ste 300 Pembroke Park, FL 33009	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TAVONE, JACK 3608 BRIDGE ROAD COOPER CITY, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition 3055 Harbor Drive Apt 1502 Fort Lauderdale, FL 33316	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Sam Jazayri Date 3/17/04 Daytime Phone # 954-981-1154		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					