2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 08:00 AM
Secretary of State

	AITH VAL	1111 0111		مرز مصور المحاسد للسموج	
DOCU 1. Entity Nam H. SALEI					Secretary of State
Principal Plac	e of Business	Mailing Address	·	1	•
7136 COLLI	NS AVE	7136 COLLINS AVE			
MIAMI BEAC	H, FL 33141	MIAMI BEACH, FL 33141			
					NI NIJER JERUK IJI KRANIKA SAMALEMIRI NIKAJ RAKAJ RAKAJ BAKAJ BAKAJ NIJEJ NIJEJ KARAJARA JE JARI
				02182004	No Chg-P CR2E034 (10/03)
DO NOT WRITE IN THIS SPACE			CE	4. FEI Numb	er Applied For
				65-009	
				5. Certificate	of Status Desired S8.75 Additional
	6 November of Courses D	- wistered Agant			Fee Reguired
6. Name and Address of Current Registered Agent					
SAMIR, A ELNOMANY				DΩ	NOT WRITE
7136 COLLINS AVENUE					
MIAMI BEACH, FL 33141				IN "	THIS SPACE
			(
			<u> </u>		
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.					
the congations of registered agents					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE					
1 10000006544b					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			~ — ++	ded to Fees	02/25/04-80037-025 150.00
10.	OFFICERS AND D	IRECTORS	_		
TITLE	D CANONANIY CANDO A M				
NAME STREET ADDRESS	ELNOMANY, SAMIR A.M. 6602 COLLINS AVENUE				
CITY-ST-ZIP	MIAMI BEACH, FL		1		
TITLE					
NAME					
STREET ADDRESS					
CITY - ST- ZIP			_		
TITLE			1		
NAME STREET ADDRESS					
CITY-ST-ZIP				DO	NOT WRITE
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NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby	certify that the information supplied with t	his filling does not qualify for the ex	emption stated in S	ection 119.07(3)(i), Florida Statutes. I further certify that the information act as if made under oath; that I am an officer or director tes, and that my name appears in Block 10 or Block 11 if
of the co	on this report or supplemental report is proparation or the receiver or trustee empore in the control of the c	rue and accurate and that my sign vered to execute this report as requ	ature snall nave the uired by Chapter 60	same legal effe)7, Florida Statut	ect as it made under oath; that i am an officer of director les, and that my name appears in Block 10 or Block 11 if
changed	i, or on an attachment with an address, w	th all other like empowered.			

SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DELL'OMANY DELLO DENTER PROTE DE DENTE DE DENTE DE DENTE DE DESTRUCTURAR PROTE DE DENTE DE DENTE DE DENTE DE DENTE DE DESTRUCTURAR PROTE DE DESTRUCTURAR PROTE