

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M80389**

1. Entity Name  
**HABIB ENTERPRISES, INC.**



Principal Place of Business  
**6020 S CONGRESS AVE  
LANTANA, FL 33462 US**

Mailing Address  
**6020 S CONGRESS AVE  
LANTANA, FL 33462 US**



07092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0138124</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**HABIB, MARK  
104 HAMPTON CIR.  
JUPITER, FL 33458**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7/9/04**  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HABIB, MARK 104 HAMPTON CIR. JUPITER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HABIB, HELEN-MARY 18145 SE HERITAGE DR TEQUESTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HABIB, STELLA 18145 SE HERITAGE DR TEQUESTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HABIB, SELIM YOUNES 18145 SE HERITAGE DR TEQUESTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000155140  
07/12/04-80001-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 the empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/9/04**  
Date

**561-4893396**  
Daytime Phone #