



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2005 8:00 am
Secretary of State

06-17-2005 90001 047 ****61.25

DOCUMENT # N99000000906 1. Entity Name ALKHAIRAT, INC.					
Principal Place of Business 5701 PALM RIVER ROAD TAMPA, FL 33619			Mailing Address 5701 PALM RIVER ROAD TAMPA, FL 33619		
2. Principal Place of Business <i>As above</i> Suite, Apt. #, etc.		3. Mailing Address <i>As above</i> Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3723096	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAHEEL, MAHMOUD 5701 PALM RIVER ROAD TAMPA, FL 33619				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: _____					
Filing Fee is \$61.25 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAHEEL, MAHMOUD <input type="checkbox"/> Delete <i>3876A NW 40TH STREET ST 01 PALM RIVER Rd GAINESVILLE, FL 32606 TAMPA, FL 33619</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	O GABRIEL SALAH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>13123 King Crossing Dr Gibson, FL 33534</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O BAWI, NASSER <input checked="" type="checkbox"/> Delete <i>1100 SATIN LEAF STREET HOLLYWOOD, FL</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Lavandeira, Juan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>13013 Pittsfield Ave Tampa, FL 33624</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALI, SYED LAEQ <input checked="" type="checkbox"/> Delete <i>602 O'CONNOR AVENUE DAVIS ISLAND, TAMPA, FL 33606</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Kassab, Salah <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>141 S. Sherrill St. Tampa, FL 33609</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O ILGHEBAEELI, ISAM <input type="checkbox"/> Delete <i>add</i> <i>4310 DUNBARTON AVE apt 12 TAMPA, FL 33611</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	O ALI, SYED LAEQ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>602 O'CONNOR AVE TAMPA, FL 33606</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O TATTIA, ALAA <input type="checkbox"/> Delete <i>add</i> <i>18418 BRIDLE CLUB DR TAMPA, FL 33647</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	O QADRI, RIZWAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>2530 W. MARYLAND AVE TAMPA, FL 33629</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Amin HUSAM <input type="checkbox"/> Delete <i>add</i> <i>7535 Terrace River Dr TAMPA, 33637</i>		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 617, 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: <i>Al-Khairat</i> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			6-14-05 813-623-6442 Date Daytime Phone #		