

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90144 029 ***150.00

DOCUMENT # P0000009227 1. Entity Name KEBAB USA, INC.			
Principal Place of Business 600 N. THACKER AVE., STE.C-13 KISSIMMEE, FL 34741		Mailing Address 600 N. THACKER AVE., STE.C-13 KISSIMMEE, FL 34741	
2. Principal Place of Business <i>5950 HAZELHIRE NATIONAL DR. Suite, Apt. #, etc. Suite 290 City & State Orlando, FL Zip 32822 </i>		3. Mailing Address <i>20 N. Orange Ave. Suite, Apt. #, etc. Suite 407 City & State Orlando, FL Zip 32801 </i>	
4. FEI Number 59-3622114		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORIDA CORPORATE SUPPORT, INC. 200 E. ROBINSON STREET, STE.500 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name <i>Hendry Stoner, Delancett + Brown, P.A.</i> Street Address (P.O. Box Number is Not Acceptable) <i>20 N. Orange Ave. Suite 407 Orlando</i> FL Zip Code 32801	
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 <i>By: Hendry Stoner, Delancett + Brown, PA</i> DATE <i>4/29/04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SCHMIDT, MANFRED 600 N. THACKER AVE., STE.C-13 KISSIMMEE, FL 34741	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5950 HAZELHIRE NATIONAL DR., Suite 290 Orlando, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FISCHER, DR. WERNER 600 N. THACKER AVE., STE.C-13 KISSIMMEE, FL 34741	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5950 HAZELHIRE NATIONAL DR., Suite 290 Orlando, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MEUSER, ARND 600 N. THACKER AVE., STE. C-13 KISSIMMEE, FL 34741	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5950 HAZELHIRE NATIONAL DR., Suite 290 Orlando, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CZEKELIUS, ROLAND 36 CORDAGE PARK CIR, STE 301 PLYMOUTH, MA 02360	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WARD, MICHAEL 36 CORDAGE PARK CIR, STE 301 PLYMOUTH, MA 02360	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <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: <i>[Signature]</i> DIRECTOR <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	

14021522



02092004 Chg-P CR2E034 (10/03)