


2004 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90675 044 ***150.00

DOCUMENT # P00000041256	
1. Entity Name 7749 INC	

DO NOT WRITE IN THIS SPACE

94078956

2. Principal Place of Business 7749 TEMPLE TERR HWY	3. Mailing Address 7749 TEMPLE TERR HWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

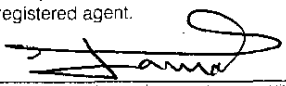
DO NOT WRITE IN THIS SPACE

City & State TEMPLE TERR., FL	City & State TEMPLE TERR., FL	4. FEI Number 59-3639360	Applied For <input type="checkbox"/> Not Applicable
Zip 33617	Country	Zip 33617	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent		
Name QANNAS, JAMAL		
Street Address (P.O. Box Number is Not Acceptable) 7749 TEMPLE TERR. HWY		
City TEMPLE TERR.,	State FL	Zip Code 33617

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  DATE _____

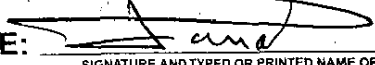
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS	
<p>TITLE PS QANNAS, JAMAL</p> <p>STREET ADDRESS 7749 TEMPLE TERR. HWY CITY-ST-ZIP TEMPLE TERR., FL 33617</p>	<p>TITLE NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>
<p>TITLE NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>	<p>TITLE NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **4-27-04** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)