


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90250 039 ***150.00

DOCUMENT # P00000048193	
1. Entity Name NABLUS ENTERPRISE INC.	

Principal Place of Business 855 TIVOLI CIRCLE NO 204 DEERFIELD BEACH FL 33441	Mailing Address 855 TIVOLI CIRCLE NO 204 DEERFIELD BEACH FL 33441
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J41000004




2. Principal Place of Business 831 TIVOLI CIRCLE Suite, Apt. #, etc. APT 103 City & State DEERFIELD BEACH FL Zip 33441	3. Mailing Address 831 TIVOLI CIRCLE Suite, Apt. #, etc. APT 103 City & State DEERFIELD BEACH FL Zip 33441
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MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent CHATIT, SAMER 855 RVOLI CIRCLE NO 204 DEERFIELD BEACH FL 33441	7. Name and Address of New Registered Agent Name SAMER GHATIT Street Address (P.O. Box Number is Not Acceptable) 831 TIVOLI CIRCLE APT 103 City DEERFIELD BEACH FL Zip Code 33441
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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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GHATIT, SAMER 855 TIVOLI CIRCLE #204 DEERFIELD BEACH FL 33441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GHATIT, SAMER 831 TIVOLI CIRCLE APT 103 DEERFIELD BEACH FL 33441 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  **4-17-04 954-812-6973**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #