

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

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90198 043 \*\*\*150.00

**DOCUMENT # P00000052876**

1. Entity Name

COME AGAIN INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2441 SEVEN SPRINGS BLVD

3. Mailing Address  
2731 QUIET HOLLOW CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
NEW PORT RICHEY, FL

City & State  
NEW PORT RICHEY, FL

4. FEI Number  
59-3655912

Applied For  
Not Applicable

Zip  
34655

Country

Zip  
34655

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

Name  
RIYAD, INASS

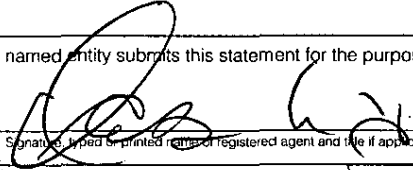
Street Address (P.O. Box Number is Not Acceptable)  
2731 QUIET HOLLOW CT

City  
NEW PORT RICHEY, FL Zip Code  
34655

**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.

SIGNATURE



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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
RIYAD, INASS  
2731 QUIET HOLLOW CT  
NEW PORT RICHEY, FL 34655

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
RIYAD, ADEL  
2731 QUIET HOLLOW CT  
NEW PORT RICHEY, FL 34655

TITLE  
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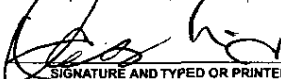
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all others like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-04 77-372-9492

Date

Daytime Phone #

CR2E034B (12/01)