## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2004 08:00 AM Secretary of State

DOCUMENT # P0000081324  1. Entity Name AL-SABAH ENTERPRISES, INC.					Secretary of State
Principal Place 423 W. VINE KISSIMMEE, I	ST.	Mailing Address 423 W. VINE ST. KISSIMMEE, FL 34741	,		
DO NOT WRITE IN THIS SPACE				04272004 4. FEI Numb 59-366	
AKHTAR, ZAKIR M 423 W. VINE ST. KISSIMMEE, FL 34741			DO NOT WRITE IN THIS SPACE		
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  Signature, typed or printed name of registered agent and file it applicable. (NOTE Registered Agent signature required when reinstaling)  DATE					
FILE NOWILL FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				.00 May Be led to Fees	U00000143450 04/30/04-80091-025 150.00
TO.  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI D AKHTAR, ZAKIR M 423 W. VINE ST. KISSIMMEE, FL 34741	RECTORS			
TITLE HAME STREET ADDRESS CITY-ST-ZIP			ele versione e inc. de	2	NOT WRITE
TITLE MAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	141 14 TO 14 TO 15	the state of the s		op t and a man or or any	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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: Zandary Manufector Dayling Officer or Director Date Dayling Program					