


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90181 006 ***150.00

DOCUMENT # P00000116742 1. Entity Name MOHAMED MELLOUKI, INC.	
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Principal Place of Business 2000 16TH STREET NORTH ST PETERSBURG, FL 33704	Mailing Address 2000 16TH STREET NORTH ST PETERSBURG, FL 33704
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DO NOT WRITE IN THIS SPACE



04232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3687889	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MELLOUKI, MOHAMED 2000 16TH STREET NORTH ST PETERSBURG, FL 33704
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**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. I am familiar with, and accept the obligations of registered agent.

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

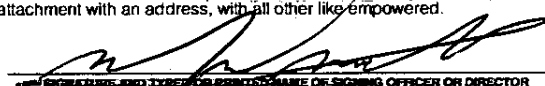
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELLOUKI, MOHAMED 2000 16TH STREET NORTH ST PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOBALIA, TAMARA 3001 58TH AVE S. #1103 SAINT PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAFIF, MOHAMED 8001 13TH AVE S SAINT PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04

722 822-003

Date

Daytime Phone #