

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2004 8:00 am
Secretary of State

06-10-2004 90003 008 ***150.00

DOCUMENT # P01000015156

1. Entity Name
ALADDIN FOODS INC.



Principal Place of Business
**1801 PALM BCH LAKES BLVD., SUITE 884
W. PALM BCH, FL 33401**

Mailing Address
**1801 PALM BCH LAKES BLVD., SUITE 884
W. PALM BCH, FL 33401**

54057142



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06072004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-1101278

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent.

7. Name and Address of New Registered Agent

**ARBID, WAHIB
4945 ARTHUR ST.
PALM BCH GARDENS, FL 33418**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

X Suha Arbid

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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 **VD** ☒ Delete
NAME **ARBID, WAHIB**
STREET ADDRESS **4595 ARTHUR ST.**
CITY-ST-ZIP **PALM BCH GARDENS, FL 33418**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **ARBID, SUHA**
STREET ADDRESS **4595 ARTHUR ST.**
CITY-ST-ZIP **PALM BCH GARDENS, FL 33418**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

X Suha Arbid

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-06-04

Date

Daytime Phone #

Attachment
54057142

KATTOURA & ASSOCIATES, INC.
ACCOUNTING, BOOKKEEPING & TAX SERVICES

1499 West Palmetto Pk Rd, Suite 416
Boca Raton, FL 33432
TEL: (561) 362-0491

P.O. Box 728
Boca Raton, FL 33429
FAX: (561) 394-5134

National Society of Tax Professional

June 7, 2004

Department Of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

REF: ALADDIN FODDS, INC.
DOCUMENT#P01000015156

Dears Sirs,

The above referenced corporation has never received any notices before at all. We are enclosing the Corporation form along with the check in the amount of \$ 150.00 fee . Please accept this annual report as **filing 2004.**

Although we would like to verify the address currently is the right one as we show in the annual report form.

Thank you for your cooperation in this matter.

If you have any further question, please do not hesitate to contact us.

Sincerely


Andre K Kattoura

Enclosure
Check 1714\$ 150,00 Fee
Annual Report Form 2004