

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000022425

Entity Name: SPECIAL T'S & MORE, INC.

**FILED**  
**Jul 21, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

2880 BERKSHORE CR  
KISSIMMEE, FL 34743

**New Principal Place of Business:**

PO BOX 450201  
KISSIMMEE, FL 34745 02

**Current Mailing Address:**

P.O. BOX 450201  
KISSIMMEE, FL 34745

**New Mailing Address:**

FEI Number: 59-3699765

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MUSTAFA, SHAKIR  
2880 BERKSHIRE CIR  
KISSIMMEE, FL 34743 US

**Name and Address of New Registered Agent:**

MUSTAFA, SHAKIR  
14120 SIERRA VISTA DR.  
ORLANDO, FL 32837 US

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: SHAKIR MUSTAFA

07/21/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MUSTAFA, SHAKIR  
Address: 2880 BERKSHIRE CIRCLE  
City-St-Zip: KISSIMMEE, FL 34743

Title: D ( ) Delete  
Name: MUSTAFA, KHALIDA  
Address: 2880 BERKSHIRE CIR.  
City-St-Zip: KISSIMMEE, FL 34743

Title: D ( ) Delete  
Name: MUSTAFA, MAZIN  
Address: 14029 SIERRA VISTA DR.  
City-St-Zip: ORLANDO, FL 32837

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: MUSTAFA, SHAKIR  
Address: SIERRA VISTA DR.  
City-St-Zip: ORLANDO, FL 32837

Title: D (X) Change ( ) Addition  
Name: MUSTAFA, KHALIDA  
Address: 14120 SIERRA VISTA DR.  
City-St-Zip: ORLANDO, FL 32837

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAKIR MUSTAFA

D

07/21/2005

Electronic Signature of Signing Officer or Director

Date