

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000056828
 1. Entity Name
 FRED & SARAH CORP.



Principal Place of Business Mailing Address
 P.O. BOX 17234 P.O. BOX 17234
 TAMPA, FL 33682 TAMPA, FL 33682

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04262004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1113648 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 MANZAR, SARWAT
 15210 AMBERLY DR.
 APT# 631
 TAMPA, FL 33647

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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 NAME STREET ADDRESS CITY - ST - ZIP	PD MANZAR, SARWAT P.O. BOX 17234 TAMPA, FL 33682	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000157142 05/06/04-80015-001 150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(f), 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: _____ DATE: 4-29-04 (813)766-6376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #