DOCUN 1. Entity Name PHONEOM	IENT # P010(ENA INCORPORATED		JBR)	FILED Jan 27, 2003 8:00 am Secretary of State 01-27-2003 90357 017 ***150.00				0067022 AV		
Principal Place of	of Business	Mailing Address	<u> </u>		1					
101 SE 2ND PLACE SUITE 204 GAINEVILLE FL 32601		101 SE 2ND PLACE SUITE 204 GAINEVILLE FL 32601								
2. Principal Plac	e of Business	3. Mailing Address			4		IN HANKI A II			
Suite, Apt. #, etc.		Suite, Apt. #, etc.								
City & State		City & State			4. FEI Number 74-3055804 Applied For Not Applicable					7
Zip	Country	Zip	Cour –	itry	- 5 Ce	ertificate of Status Desired	□ \$8 Fe	3.75 Add	litional	
······································	6. Name and Address of Curren	t Registered Agent		Name	7. Na	ame and Address of New Regi	stered Age	ent		
HELAL, ABD 10504 S.W.	51ST LANE			Street Address (P.O. Bo	x Number is Not Acceptable)				
GAINEVILLE	FL 32608			City		,,,,,,,,	FL	Zip Code	e	4
	med entity submits this statement f	or the purpose of changing i	ts register	ed office or register	red ager	nt, or both, in the State of Florida		iliar with,	and accept	4
SIGNATURE	s or registered agent.		-							
	nature, typed or printed name of registered agen		DTE: Registere	d Agent signature required	when rein:	9. Election Campaign Finance		¢5.0		
	lay 1, 2003 Fee will be \$550.00 ayable to Florida Department o					Trust Fund Contribution.		Added	O May Be to Fees	
10. TITLE D	OFFICERS AND		11.		ADD	DITIONS/CHANGES TO OFFICE		RECTORS	S IN 11	 ର
NAME H STREET ADDRESS 1	F ELAL, ABDELSALAM 0504 S.W. 51ST LANE AINEVILLE FL 32608	L Delete					L	j unange		034 (10/02)
TITLE S		Delete	TITL] Change	Addition	CR2E034
STREET ADDRESS	ELAL, MELINDA 0504 S.W. 51ST LANE AINEVILLE FL 32608		STR	ET ADDRESS -ST-ZIP						}
TITLE NAME STREET ADDRESS CITY - ST - ZIP	······································	Delete					Ę] Change	Addition	-
TITLE NAME STREET ADDRESS		Delete		e Iet address] Change	Addition	•
CITY-ST-ZIP TITLE NAME STREET ADDRESS		Delete	TITLI NAM] Change	Addition	
CITY-ST-ZIP			CITY	-ST-ZIP						-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		4			C) Change	Addition	
	ify that the information supplied wit this report or supplemental report i ation or the receiver or trustee emp	h this filing does not qualify i s true and accurate and that owered to execute this topo	or the exe my signa rt as requi		ection 11 same leg	19.07(3)(i), Florida Statutes. I furi gal effect as if made under oath a Statutes; and that my name ap	ther certify that I am a pears in Bl	that the in an officer ock 10 or	nformation or director Block 11 if	
changed, or	on an attachment with an address,	with all other like endowere	d. 🖌	•			•			1