2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90252 016 ***150.00

DOCUMENT # P01000066996

1. Entity Name
ABDULLAH HOLDINGS INC

Principal Place of Business	Mailing Address
1818 CHERRY WOOD COURT SAINT CLOUD, FL 34769	~~717 E. OAK STREET~~ ~~KISSIMMEE, FL 34744~~

04202004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		1818 CHERRYWOOD CT. Suite, Apt. #, etc.	
City & State		City & State ST. CLOUD · FL	
Zip	Country	Zip 34769	Country OSCEOLA

4. FEI Number 06-1645145 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~HARWOOD, CHRIS J~~
~~1818 CHERRY WOOD COURT~~
~~SAINT CLOUD, FL 34769~~

7. Name and Address of New Registered Agent

Name DOROTHY J. LUBERDA
Street Address (P.O. Box Number is Not Acceptable)
1401 MICHIGAN AVE.
City ST. CLOUD FL Zip Code 34769

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 Dorothy J Luberda 04/26/04
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. ☐ **$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	DP ABDULLAH, JOHN 1818 CHERRY WOOD COURT SAINT CLOUD, FL 34769	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: S Abdulla S. ABDULLAH 04/26/04 321-624-6375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #