

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90210 006 ***150.00

DOCUMENT # P01000087401



1. Entity Name
GHENA INC.

Principal Place of Business
**8186 N. UNIVERSITY DR.
TAMARAC FL 33321**

Mailing Address
**8186 N. UNIVERSITY DR.
TAMARAC FL 33321**



2. Principal Place of Business

3. Mailing Address

7802 Kingspointe Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #207-B

City & State

City & State

Orlando FL

4. FEI Number

65-1135898

Applied For

Not Applicable

Zip

Country

Zip

Country

32819

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**J.A.O. SERVICES, INC.
7802 KINGSPOINTE PARKWAY
205
ORLANDO FL 32819**

Name

SAO Services, Inc.

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

7802 Kingspointe Pkwy

Suite # 207-B

City

Orlando

FL

Zip Code

32819

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

04/12/03

Signature, typed or printed name of registered agent and title in application

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME P BADARNEH, HUSSEIN M		NAME	
STREET ADDRESS 8186 N. UNIVERSITY DR.		STREET ADDRESS	
CITY - ST - ZIP TAMARAC FL 33321		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/03

CR2E034 (10/02)