2004 FOR PROFIT CORPORATION

ANNUAL REPORT (AR)								9			
DOCUMENT # 801000111155 -1. Entity Name							F	ILED	/		
YOUSRI,					04 MAR -	3 AMII: 32	2 ,	÷			
Principal Place of Business Mailing Address							SECRETA	RY DE STATE			
8201 NW 17	7 AVE		8201 NW 17 AVE				TALLAHAS	RY OF STATE SEE. FLORIDA	7		
MIAMI FL 33147 MIAMI FL 33147							i 199 11 8 81 1	 		a gwan tiii'	IBI !! (111)
2. Principal Place of Business 3. Mailing Address							0910				
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				[] + # L- Fat W	OORE CF	R2E034 (11/0		<u> </u>
City & State			City & State				4. FEI Number	65-1154586		Not	lied For Applicable
Zip	Zip Count		Zip	Country			5. Certificate of S	Status Desired	\$8.7 Fee Re	5 Addit equired	tional
6. Name and Address of Current Registered Agent							7. Name and Ad	dress of New Reg	istered Agent		
HIRBAWI, ABEER ALYAN						e		a. 10 A A		· ·	
8201 NW 17 AVE MIAMI FL 33147					Street Address (P.O. Box Number is Not Acceptable)						
					City				Ziu Ziu	p Code	
8. The above named entity submits this statement for the purpose of changing its registered of						enistere	d agent or both i	n the State of Florid	FL	<u></u>	and accept
	tions of registered		or the purpose of changing its	register	ca office of te	- gistoret	a agent, or bont, i	it the diate of Fione	4	, with 5	ind docopi
SIGNATURE Signature, typed or printed name of registered agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
	ILE NOW!!! F	EE IS \$150.00		ه صحت			· [-				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00								on Campaign Finan Fund Contribution.			May Be to Fees
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11.							ADDITIONS/CH	ANGES TO OFFICE	EDG AND DIDE	CTORS	INI 11
TITLE	PTVS	OF TOETS AND	Delete	TITL	E		ADDITIONOTOR	ANGES TO STITLE	CI CI		Addition
NAME	HIRBAWI, ABEER ALYAN NAI 505 NW 108 TERRACE STE			1						ļ	
STREET ADITRESS CITY-ST-ZIP	PEMBROKE PI	ET ADDRESS -ST-ZIP						5			
TITLE	D		☐ Delete	TITL	E						Addition
NAME	HIRBAWI, ABEER ALYAN			NAM			200029817752 03/03/0401054024 **908.75				
STREET ADDRESS CITY-ST-ZIP	505 NW 108 TERRACE PEMBROKE PINES FL 33026				STREET ADORESS CITY-ST-ZIP		03/03/0	401034f	J 24 ** JU	/ຜ. ເວ	'
TITLE		•	☐ Delete	TITL		. •	<u> </u>	· · · · · · · · · · · · · · · · · · ·		hange	Addition
NAME STREET ADDRESS				NAM Stri	ET ADDRESS	2 ·· • • • • • •	_	ين د در			
CITY-ST-ZIP				CITY	- ST - ZIP						
TITLE NAME			☐ Delete	TITL NAM	í					nange	Addition
STREET ADDRESS		•			ET ADDRESS						
CITY-ST-ZIP				CITY	- ST- ZIP						
TITLE NAME			☐ Delete	TITL	1				□ C	hange	☐ Addition
STREET ADDRESS					EET ADDRESS						
CITY-ST-ZIP					-ST-ZIP						
TITLE NAME			☐ Delete	TITL Naa	i					nange	☐ Addition
STREET ADDRESS				•	EET ADDRESS						
CITY-ST-ZIP	a artifut bat the inf	armatico qualitad ud	th this filling does not qualify fo		'-ST-ZIP	d in Coo	tion 110 07/2(i) I	Ilorida Statutos I fr	erthor cortify the	at the in	formation
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: \$1001											
		IGNATURE AND TYPED OF	PRINTED NAME OF STONING OFFICER	OR DIREC	TOR			Date	Daytime P	hone #	