

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90045 001 ***150.00

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01112005 Chg-P CR2E034 (10/03)

4. FEI Number **65-1157891** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

JAO SERVICES, INC.
7802 KINGSPONTE PARKWAY
SUITE 207A
ORLANDO, FL 32819

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SHIHADAH, MARWAN**
STREET ADDRESS **989 N.W. 155TH TERRACE**
CITY-ST-ZIP **PEMBROKE PINES, FL 33028**

TITLE **S** ☐ Delete
NAME **SHEHADEH, MOHAMED**
STREET ADDRESS **901 SW 189TH AVE**
CITY-ST-ZIP **HOLLYWOOD, FL 33029**

TITLE **VP** ☐ Delete
NAME **ABDELLATIF, NIDAL**
STREET ADDRESS **901 SW 189TH AVE**
CITY-ST-ZIP **HOLLYWOOD, FL 33029**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **14919** ☒ Change ☐ Addition
NAME **SHIHADAH, MARWAN**
STREET ADDRESS **989 N.W. 155TH TERRACE**
CITY-ST-ZIP **PEMBROKE PINES, FL 33028**

TITLE **S** ☒ Change ☐ Addition
NAME **SHIHADAH, MIGUEL**
STREET ADDRESS **19440 SW 16TH ST.**
CITY-ST-ZIP **PEMBROKE PINES, FL 33029**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **PEMBROKE PINES, FL 33029**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 reports 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 #

01-13-2005