## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P02000015713

1. Entity Name

SARAH ENTERPRISE INC.



Principal Place of Business

Mailing Address

1560 WASHINGTON AVE UNIT 13 MIAMI BEACH, FL 33139

1560 WASHINGTON AVE UNIT 13 MIAMI BEACH, FL 33139

## **FILED** May 04, 2005 8:00 am Secretary of State

05-04-2005 90162 019 \*\*\*150 00



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (10/03) 04302005 Applied For 4. FEI Number

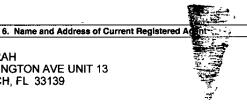
38-3642498

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

JAMAL, SARAH 1560 WASHINGTON AVE UNIT 13 MIAMI BEACH, FL 33139



## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title it	f applicable (NOTE: Pagistare	d Accel signatur	e required when reinstating)	DATE
	Signature, typed or printed name or registered agent and title t	Tapplicable. (NOTE: negistere	u Agent signature	required when reinstating)	DALE
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		<ol><li>Election Campaign Finar Trust Fund Contribution.</li></ol>	ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIBAI, TALAL 1560 WASHINGTON AVE UNIT 13 MIAMI BEACH, FL 33139				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD JAMAL, SARAH 1560 WASHINGTON AVE UNIT 13 MIAMI BEACH, FL 33139	3.6			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Ţ	DO	NOT WRITE
THILE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

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.

DIGNA	
	CIGMATURE

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #