

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


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

04-16-2003 90269 017 ***150.00

DATE
AV

DOCUMENT # P02000028160

1. Entity Name
TAJEEN & ASSOCIATES, INC.



Principal Place of Business
**4290 CHERRY ST. NE
ST. PETERSBURG FL 33703**

Mailing Address
**4290 CHERRY ST. NE
ST. PETERSBURG FL 33703**



2. Principal Place of Business
TAJEEN & Associates inc

3. Mailing Address
9001 4TH ST N

Suite, Apt. #, etc.
9001 4TH ST North

CHECK HERE IF MAKING CHANGES

City & State
S.T Petersburg FL

City & State
S.T Petersburg FL

Zip
33702

Country
Pinnellas

Zip
33702

Country
Pinnellas

4. FEI Number
04-3627196

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HAMDAOUI, ABRAHAM
4290 CHERRY ST. NE
ST. PETERSBURG FL 33703**

7. Name and Address of New Registered Agent

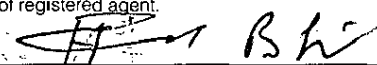
Name
BOUARFA MOHAMMED

Street Address (P.O. Box Number is Not Acceptable)
6205 SOARING AVE

City
TAMPA

FL Zip Code
33617

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:  **Hamdaoui Abraham** DATE: **04-14-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	P	<input type="checkbox"/> Delete
NAME	HAMDAOUI, ABRAHAM	
STREET ADDRESS	4290 CHERRY ST. NE.	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE	P	<input type="checkbox"/> Delete
NAME	BOUARFA MOHAMMED	
STREET ADDRESS	6205 SOARING AVE	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  **Mohammed BouARFA** DATE: **04-14-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)