2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 03, 2004 8:00 am Secretary of State DOCUMENT # P02000032841 05-03-2004 90716 040 ***158.75 GRACELINE GULF CONSTRACTING, INC. Principal Place of Business Mailing Address 2121 BARCELONA WAY SOUTH 2121 BARCELONA WAY SOUTH ST. PETERSBURG, FL 33712 ST. PETERSBURG, FL 33712 Mailing Address 3880 341 4905 04252004 Cha-P CR2E034 (10/03) 4. FEI Number Applied For 37-1427440 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ABDULLAH, TAALIBUDDIN 2121 BARCELONA WAY SOUTH ST. PETERSBURG, FL 33712 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** 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition Anmad, Qasim NAME ABDULLAH, TAALIBUDDIN NAME 3880 34th Avenue South, #E STREET ADDRESS 2121 BARCELONA WAY SOUTH STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33712 CITY-ST-ZIP St. Petersburg, TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP o he do CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CHTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 ar

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731-867-1705