


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91228 006 \*\*\*150.00

<b>DOCUMENT # P02000044963</b>	
1. Entity Name LIDO RESTAYRANT CORP.	

Principal Place of Business 19071 US HWY 27 LAKE WALES, FL 33853	Mailing Address 19071 US HWY 27 LAKE WALES, FL 33853
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2. Principal Place of Business	3. Mailing Address	04292004	Chg-P	CR2E034 (10/03)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 01-0684231	Applied For Not Applicable	
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	

**6. Name and Address of Current Registered Agent**

BENJAMAA, HASSANE  
 19071 US HWY 27  
 LAKE WALES, FL 33853

**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)  
 Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		
TITLE	DP	<input type="checkbox"/> Delete
NAME	BENJAMAA, HASSANE	
STREET ADDRESS	19071 US HWY 27	
CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BENJAMAA, ALI	
STREET ADDRESS	19071 US HWY 27	
CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BENJAMAA, SALOUA	
STREET ADDRESS	19071 US HWY 27	
CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MAMDOUH, ABELTIF	
STREET ADDRESS	19071 US HWY 27	
CITY-ST-ZIP	LAKE WALES, FL 33853	
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		
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 19.07(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:**  \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 04-30-04 Daytime Phone # \_\_\_\_\_