

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

03-12-2004 90018 036 ***150.00

00403604



MOORE CR2E034 (11/03)

DOCUMENT # P02000050419					
1. Entity Name BIG HEAD, INC.					
Principal Place of Business 1042 NW 9TH AVE FT LAUDERDALE FL 33311			Mailing Address 1042 NW 9TH AVE FT LAUDERDALE FL 33311		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 04-3661149	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GROSSFELD, SERIL L ESQUIRE 107 SE 10TH ST FT LAUDERDALE FL 33316			7. Name and Address of New Registered Agent Name Sami A AbuZnaid Street Address (P.O. Box Number is Not Acceptable) 1042 NW 9th Ave FT Lauderdale FL 33311 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 reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004: Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABUZNAD, SAMI		NAME		
STREET ADDRESS	3660 NW 8th Ave		STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE FL 33306		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	1042 NW 9th Ave		NAME		
STREET ADDRESS	Fourt Lauderdale FL 33311		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Sami Ahmad AbuZnaid</u> 20-3-0006					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Sami Ahmad AbuZnaid JT 954-462 8219

Attachment

66409604

#P02 000050419

Samir Ahmad AbuZnaid

1042 NW 9th AV

FT. Lauderdale FL. 33311

T.N. 954 462-8219

Se1 T.N. 754-423-1459

~~SA AB~~

Samir A AbuZnaid