


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000054412 1. Entity Name ST. PETERSBURG 34TH STREET 538 INC.	
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Principal Place of Business 3800 34TH STREET ST PETERSBURG, FL 33711	Mailing Address 3800 34TH STREET ST PETERSBURG, FL 33711
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KHOURI, SAMIR 5715 14 STREET W BRADENTON, FL 34207	DO NOT WRITE IN THIS SPACE
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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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000157491 05/06/04-80028-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASHTAWY, ABED A 475 TIMBERCREEK RD ROYNOLDSBURG, OH 43068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHOURI, SAMIR 5715 14 ST W BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUKZAM, FRED A 4803 ELIZABETH LN BROOKLYN, OH 44144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Samir Khouri 4/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #