2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 12, 2003 8:00 am Secretary of State

04-28-2003 90234 032 ***150.00

1. Entity Name KARAM DIN, INC.				10		
Principal Place of Business Mailing Address 110 EAST BYRD AVENUE 110 EAST BYRD AVENUE BONIFAY FL 32425 BONIFAY FL 32425				<u> </u>		
2. Principal Place of Business		3. Mailing Address			A STRENKER THE BANKO HINTO DOWN ROTH DATA BENTA INDIX COLOR CINED BUILD RESIDENCE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	
City & State		City & State		· 	4. FEI Number 9566/03 Applied For Not Applicable	
Zip 	Country	Zip	Countr		5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current R	teglatered Agent		Name	7. Name and Address of New Registered Agent	
ISMAIL, AHMAD TARIO			· ·	· :		
110 EAST BYRD AVENUE				Street Address (P.O. Box Number is Not Acceptable)		
BONIFAY FL 32425		<u> </u>				
·			City		FL Zip Code	
the obligations of registered agent. SIGNATURE Signature, hipped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required w FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Ftorida Department of State					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND D		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME III STREET ADDRESS 1	d Drees, Mohammed 10 East Byrd Avenue Onifay Fl 32425	□ Deletz .	TITLE . NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
NAME VI STREET ADDRESS 1	D VAHEED, MIAN 10 EAST BYRD AVENUE IONIFAY FL 32425	☐ Delete			☐ Change ☐ Addition	
TITLE S NAME A STREET ADDRESS 1	D NEES, MOHAMMED 10 EAST BYRD AVENUE ONIFAY FL 32425	☐ Deleta			☐ Change ☐ Addition	
STREET ADDRESS 1	D Smail, ahmad tariq 10 East Byrd Avenue Onifay Fl 32425	☐ Delcte		1	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		□ Deleta		t address St-zip	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T AUDRESS ST-ZIP	☐ Change ☐ Addition	

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 an address, with all other like empowered.

CICNATURE.

SIGNATURE AND TYPED OR PROVIED NAME OF ENGINE OFFICER OR DIRECTOR

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