


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90760 041 ***150.00

DOCUMENT # P02000112710 1. Entity Name W.A.A.S. INVESTMENTS CORPORATION	
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Principal Place of Business 1502 E. FLETCHER AVENUE H & I TAMPA, FL 33612	Mailing Address 1502 E. FLETCHER AVENUE H & I TAMPA, FL 33612
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04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1655437	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KHALED, WAJIHA
1502 E. FLETCHER AVENUE H & I
TAMPA, FL 33612**

DO NOT WRITE IN THIS SPACE

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 re-registering)

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KHALED, WAJIHA
STREET ADDRESS	1502 E. FLETCHER AVENUE H & I
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	VP
NAME	LABAN, Wafa
STREET ADDRESS	3812 HARING
CITY-ST-ZIP	METairie, LA 70003
TITLE	2VP
NAME	SHEIKNA, HANAN
STREET ADDRESS	824 N ARDENWOOD
CITY-ST-ZIP	BATON ROUGE, LA 70806
TITLE	VP
NAME	SADBERRY, SANA
STREET ADDRESS	18014 BIRDWATER DR.
CITY-ST-ZIP	TAMPA, FL 33647
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)(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: Wafa Laban Khaled 4 29 04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #