


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 08:00 AM
Secretary of State

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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DO NOT WRITE IN THIS SPACE



03082005 No Chg-P CR2E034 (10/03)

4. FEI Number 06-1655437	Applied For 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KHALED, WAJIHA 1502 E. FLETCHER AVENUE H & I TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LABAN, WAFI 3812 HARING METAIRIE, LA 70003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP SHEIKNA, HANAN 824 N. ARDENWOOD BATON ROUGE, LA 70806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SADBERRY, SANA 18014 BIRDWATER DR. TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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1100000275593
 03/25/05-80008-010 158.75

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 supplement 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:  **3/11/05** **813 974239**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #