


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # P02000112710</b> 1. Entity Name W.A.A.S. INVESTMENTS CORPORATION	
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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

**DO NOT WRITE IN THIS SPACE**

**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, WAFA 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	

**DO NOT WRITE  
IN THIS SPACE**

1100000275593  
03/25/05-80006-010 158.75

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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/05 813 974239  
Date Daytime Phone #