


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90355 050 ***150.00

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| DOCUMENT # P02000122806 1. Entity Name SIMON ITAH ENTERPRISES INC., | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 7831 N.W. 41ST STREET SUNRISE, FL 33351 | | | Mailing Address 7831 N.W. 41ST STREET SUNRISE, FL 33351 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State | | | City & State | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip | | Country | | Zip | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country | | Country | | 4. FEI Number 04-3723620 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent ITAH, SIMON 7831 N.W. 41ST STREET SUNRISE, FL 33351 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">STREET ADDRESS</td> <td style="width:10%;">CITY - ST - ZIP</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>PTS</td> <td>ITAH, SIMON</td> <td>7831 N.W. 41ST STREET</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>SUNRISE, FL 33351</td> <td></td> </tr> </table> | | | TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete | | PTS | ITAH, SIMON | 7831 N.W. 41ST STREET | | | | | SUNRISE, FL 33351 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">STREET ADDRESS</td> <td style="width:10%;">CITY - ST - ZIP</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> | | | TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PTS | ITAH, SIMON | 7831 N.W. 41ST STREET | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | SUNRISE, FL 33351 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date 3-29-06 Daytime Phone # 954-448-2189 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |