

FILED  
Jul 29, 2004 8:00 am  
Secretary of State

05-03-2004 90424 041 \*\*\*150.00

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

5/  
5/31

66430874



04302004 Chg-P CR2E034 (10/03)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                                                                                                                    |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------------------------------------------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # P03000005264</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |                                   |         |
| 1. Entity Name<br><b>DR. BAMBOO'S BAMBOO WORLD, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |         |                                                                                                                    |         |
| Principal Place of Business<br><b>8603 SOUTH DIXIE HIGHWAY<br/>SUITE 303<br/>MIAMI, FL 33143</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         | Mailing Address<br><b>8603 SOUTH DIXIE HIGHWAY<br/>SUITE 303<br/>MIAMI, FL 33143</b>                               |         |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         | 3. Mailing Address                                                                                                 |         |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         | Suite, Apt. #, etc.                                                                                                |         |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         | City & State                                                                                                       |         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Country | Zip                                                                                                                | Country |
| 4. FBI Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         | Applied For<br><input checked="" 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         | 7. Name and Address of New Registered Agent                                                                        |         |
| TRAILOR, ANDREW T<br>8603 SOUTH DIXIE HIGHWAY<br>SUITE 303<br>MIAMI, FL 33143                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         |                                                                                                                    |         |
| FILE NOW!! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |         |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                              |         |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>President<br/>Ahmed Chehab<br/>9700 SW 114 St<br/>Miami Florida 33176</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |         |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |         |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |         |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |         |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |         |
| 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 the empowered. |         |                                                                                                                    |         |
| SIGNATURE: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         | Date <b>4/30/04</b> Daytime Phone <b>305 668 6090</b>                                                              |         |

*Attachment*  
**BURGER  
& TRAILOR  
FARMER P.A.**  
ATTORNEYS COUNSELORS LITIGATORS

*# P03000005264*

Duncan J. Farmer  
Alan M. Burger  
Andrew T. Traylor

*66430874*

July 13, 2004

Reply to:

☐ Miami

Telephone (305) 668-6090  
(888) 261-9232  
Fax (305) 668-6225

☐ West Palm Beach

Telephone (561) 689-1663  
(800) 396-0135  
Fax (561) 689-1707

Division of Corporation  
PO Box 6198  
Tallahassee, Florida 32314-6198

RE: Document Number: P03000005264  
Dr. Bamboo's Bamboo World, Inc.

To The Reader:

Enclosed please find the 2004 For Profit Annual Profit. Please note that the filing fee was timely submitted on or about April 30, 2004.

As always, in the event of any questions or concerns please feel free to contact me at my office.

Very truly yours,

Andrew T. Traylor, Esq.

ATT/yp