## 2004 FOR PROFIT CORPORATION

## May 14, 2004 8:00 am Secretary of State ANNUAL REPORT 05-14-2004 90010 023 \*\*\*150.00 DOCUMENT # P03000030890 LITTLE TIGER ENTERPRISES # 1. INC Principal Place of Business 2100 45TH STREET B-26 WEST PALM BEACH, FL 33407 Mailing Address " 2100 45TH STREET B-26 WEST PALM BEACH, FL 33407, 2. Principal Place of Business Suite, Apt. #, etc. 05112004 CR2E034 (10/03) City & State City & State Zip) Country ( \$8.75 Additional 5. Certificate of Status Desired 5. ON Fee Required 🎺 🚓 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent SALEH, KHALED B 2100 45TH STREET B-26 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH, FL 33407 City 8. The above parned entity submits this state obligations of registered agent ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURE. 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$550.00 Due by September 8, 2004 OFFICERS AN Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE . T. ☐ Delete Change ☐ Addition TITLE NAME SALEH, KHALED B NAME 2100 45TH STREET B-26 ... STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33407 CITY-ST-ZIP . १८८८ द्वार **१** -TITLE ... ☐ Delete ☐ Change Addition HILO, SALIM A NAME NAME 2100 45TH STREET B-26 STREET ADDRESS STREET ADDRESS . CITY-ST-ZIP WEST PALM BEACH, FL 33407 CITY-ST-ZIP ☐ Delete Addition MOHAMMED, GHAZI NAME NAME STREET ADDRESS 2100 45TH STREET B-26 1 STREET ADDRESS CITY-ST-7/P WEST PALM BEACH, FL 33407 CITY-ST-ZIP ☐ Delete [7] Change THIF TITLE ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME

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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

SIGNATURE A

STREET ADDRESS CITY - ST- ZIP

STREET ADDRESS

TITLE

NAME

NTED NAME OF GNING OFFICER OR DIRECTOR

☐ Delete

05-11-04

Daytime Phone #

☐ Addition

☐ Change

**FILED** 

KATTOURA & ASSOCIATES, INC.

54054577

1499 West Palmetto Pk Rd, Suite 416 Boca Raton, Fl. 33432\* TEL: (561) 362-0491

P.O. Box 728 Boca Raton, Fl. 33429 FAX: (561) 394-5134

National Society of Tax Professional

#P0 30000 30890

April 29, 2004

Department Of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

REF: LITTLE TIGER ENTERPRISES, #1, INC DOCUMENT #003000030890

Dears Sirs;

The above referenced corporation has never received any notice before at all. We are enclosing the Corporation form along with the check in the amount of \$150.00 fee. Please accept this annual report as filing for the year 2004.

Although we would like to verify the address currently is the right one as we show in the annual report form.

Thank you for your cooperation in this matter.

If you have any further question, please do not hesitate to contact us.

Sincerely

Andre K Kattoura

Enclosure Check 1336 \$ 150,00 Fee Annual Report Form 2004