

2004 FOR PROFIT CORPORATION ANNUAL REPORT

08-23-2004 90026 029 ***150.00
P03000073878

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 15 AM 8:00



07232004 Chg-P CR2E034 (10/03)

4. FEI Number **14-1889251** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALEH, BASSAM J
110 S MANHATTAN AVE
64
TAMPA, FL 33609

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!! FEE IS \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HOSSAIN, MOHAMMED A	
STREET ADDRESS	192 GLADES CIR.	
CITY-ST-ZIP	CLEARWATER, FL 33771	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOSSAIN, MOHAMMAD	
STREET ADDRESS	1333 N. HIGHLAND AVE.	
CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

7/30/04 813-760-7658

292

PROFESSIONAL BOOKKEEPERS



110 S. MANHATTAN AVE. ♦ #64 ♦ TAMPA, FL. 33609 ♦ HILLSB.
Phone 813-288-8170 ♦ Fax 813-282-3169

September 02, 2004

TO WHOM IT MAY CONCERN:

I BASSAM J SALEH THE OWNER OF PROFESSIONAL BOOKKEEPERS HAVE MANY OF MY CLIENTS
CALL ME THAT THEY DID NOT RECEIVE THE FIRST RENEWAL.
THIS IS ONE OF THEM PLEASE ACCEPT THE RENEWAL AND WAVE THE LATE FEE FOR THAT
MATTER.
THANK YOU FOR YOUR HELP.
IF I CAN BE OF ANY FURTHER ASSISTANCE PLEASE DO NOT HESITATE TO CALL.

CORP. # 030000 73878

Sincerely,

BASSAM J. SALEH