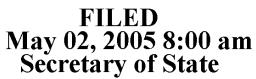
2005 FOR PROFIT COPPORATION ANNUAL REPORT DOCUMENT # P03000078760



1. Entity Name MARHABA FOOD, INC.								05-02-2005 9	90732 001	***300	.00
Principal Place of Business 5800 SW 127TH AVE, APT 2314 MIAMI, FL 33183			Mailing Address 5800 SW 127TH AVE, APT 2314 MIAMI, FL 33183			k l eg ikera ali	. 25 110 1/611 12/16 12/14 10/1	I& Ra iia 1 0 0 3 4 1 6 111	ARRIG BRILLEGI	K us i in 300)	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc			Suite, Apt. #, etc.				03302005	Chg-P	CR2E03	4 (10/03)	
City & State			City & State				4. FEI Number 91-219			→	plied For Applicable
Zip	Country		Zip	Coun	ıry		5. Certificate	of Status Desired		8.75 Add ee Required	
	6. Name and Address of Cu	rrent Regis	tered Agent				7. Name and	Address of New F	legistered A	gent	
LAMAA, HUSEIN					Name Sireet Address (P.O. Box Number is Not Acceptable)						
5800 SW 127TH AVE, APT 2314 MIAMI, FL 33183					Side () Sid						
			City				FL	Zip Code	<u> </u>		
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 - Lam familiar with, and accept the obligations of registered agent.											
SIGNATURE Suparture, typical or printed curing of registered agent and title if applicable (NOTE: Registered Agent signature tensioned when constating) (DATE:											
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.					ncing	\$5. Adde	00 May Be ed to Fees	•			
10.	OFFICERS AND DIRECTORS						ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
TITLE	DPST Delete			TITL	E					Change	Addition
NAME	LAMAA, HUSEIN				I .						
STREET ADDRESS City-St-Zip					ET ADDRÉSS - ST - ZIP						
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		I					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Defete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	☐ Delete		l l	•				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		-					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP			☐ Delete							☐ Change	Addition
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 1 am an officer or director of the corporation or the receiver or trustee empowered opexecute this report as required by Chapter607, 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											