2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000079289

Address:

City-St-Zip:

Entity Name: EBEB BUSINESS ASSOCIATES, INC

FILED Apr 10, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1210 EAST BUSCH BLVD TAMPA, FL 33612 **Current Mailing Address: New Mailing Address:** 1210 EAST BUSCH BLVD TAMPA, FL 33612 FEI Number: 20-0096983 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TAXPROS ACCOUNTING SERVICES, INC 7901 4TH STREET NORTH ST PETERSBURG, FL 33702 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BASHITI, EIMAN Name: Name: 2515 FIELD CREST COURT Address: Address: City-St-Zip: HOLIDAY, FL 34691 City-St-Zip: () Delete Title: VΡ Title: () Change () Addition ALBASHITI, ESAM Name: Name: 7632 SOUTHSIDE BLVD APT 281 Address: Address: JACKSONVILLE, FL 32256 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition SARTAWI, YASIN IBRAHIM Name: Name: 2107 RENSSELAER DR. Address: Address: City-St-Zip: WESLY CHAPLE, FL 33543 City-St-Zip: Title: () Delete Title: () Change (X) Addition ALDEEK, DIYAA Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

401 MONUMENT RD APT 15

JACKSONVILLE, FL 32225

SIGNATURE: EIMAN ALBASHITI P 04/10/2004