


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90049 042 ***150.00

DOCUMENT # P03000086556	
1. Entity Name ADVANCED BUSINESS MANAGEMENT, INC.	

Principal Place of Business 7135 SW 69TH COURT MIAMI, FL 33143	Mailing Address 7135 SW 69TH COURT MIAMI, FL 33143
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24056159

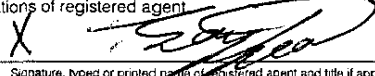


2. Principal Place of Business 701 South U.S. Highway #1		3. Mailing Address Same as 2	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ft. Pierce, Florida		City & State Same as 2	
Zip 34950	Country U.S.A.	Zip 34950	Country U.S.A.

04192004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0146479	Applied For <input 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 SAYFI, MARK 7135 SW 69TH COURT MIAMI, FL 33143	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 701 South U.S. Highway 1 City Ft. Pierce FL Zip Code 34950	

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 4/20/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAYFI, MARK 7135 SW 69TH COURT MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 701 South U.S. Highway, #1 Ft. Pierce, Florida 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEYFI, HAMID 1904 HARBOR BLVD. COSTA MESSA, CA 92627 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: 	Date 4/20/04 (786) 295-2299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Mark Sayfi, President	