## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2004 8:00 am Secretary of State 05-03-2004 90693 034 \*\*\*150.00

### COTE Regulared Apopt signature required signature and applicable (MOTE Regulared Apopt signature required with orn ministering)  ### FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  ### OFFICERS AND DIRECTORS  ### OFFICERS AND DIRECTORS IN 11  ### OFFICERS AND DIRE	1. Entity Nam		86633			03-03-2004	1 20023 034 1	130.00
281 N ST ROAD 7  MRCATE, FL 33063  Principal Prise of Business  Suite, Apt. 4, etc.  Suite, A	KABAB W	/AY, INC.	M AP					
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Suite, Apt. # etc.  Suite,	MARGATE, FL	. 33063	MARGATE, FL 33063				•	
Suite, Apt. #. etc.  City & Stato  Cry & Stato  Sured Address of Bobus Desired  See Required  For Registered Agent  Name  Name  Name  Sured Address (P.O. Box Nurriers in Not Acceptable)  The above named criting submits this address of the purbose of changing its registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent.  Colf The above named critiq submits this address agent.  Colf The above named critiq submits this address agent.  Colf The above named address of Current Registered Agent  Name  Submit Address (P.O. Box Nurriers in Not Acceptable)  Submit Address (P.O. Box Nurriers in Not Acceptable)  City FLE Tools, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent.  Submit Address (P.O. Box Nurriers in Not Acceptable)  Submit Address (P.O. Box Nurriers in Not Acceptable)  Dot FLE Now, In the Nurriers of Colf Tool, in the State of Forida. I am familiar with, and accept the obligations of registered agent.  Submit Address (P.O. Box Nurriers in Not Acceptable)  Dot FLE Now, In the Nurriers of Tool, in the State of Forida. Submit Address of Nurriers in Nurriers of Tool, in the State of Forida.  Submit Address (P.O. Box Nurriers in Nurriers in Nurriers of Tool, in the State of Tool, in the S	2. Principal P	ace of Business	3. Mailing Address					
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S. Certification of Status Desired   Fee Required    1. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent    1. SAWAF, FAISAL   Street Address (P.O. Box Number is Not Acceptable)    1. Server Address (P.O. Box Number is Not Acceptable)						90 - 0107220 Not Applicable		
L SAWAF, FAISAL 281 N ST ROAD 7 ARGATE, FL  City  FL  Ci	Zip	Country	Zip	Country	5. Cer	tificate of Status Desired		
L SAWAF, FAISAL 22 to Code  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 originations of registered agent.  GNATURE  Spritch type or stretch name displayed agent and life Augustable  POTE Registered Agent speakures agent and spritch applicable  POTE Registered Agent speakures agent applicable agent a		6. Name and Address of Curr	ent Registered Agent	Name	7. Nar	ne and Address of New I	Registered Agent	
City FL Zip Code  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fonds. I am familiar with, and accept the originations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the originations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the originations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the originations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the originations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the originations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the originations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the originations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the originations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the originations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the originations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the originations of the collaboration of the register agent.   [City 5] P								
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