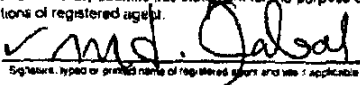


FILED
May 05, 2004 8:00 am
Secretary of State

04-05-2004 90389 019 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT (AR)**

DOCUMENT # P03000104904																											
1. Entity Name NABIHA, INC.																											
Principal Place of Business 5111 STATE ROAD 64 WEST ONA FL 33865		Mailing Address 5111 STATE ROAD 64 WEST ONA FL 33865																									
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																									
City & State		City & State																									
US	Country	Zip	Country																								
4. FEI Number 20-0257246		Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent MCKIBSEN, JEFF J. 405 SOUTH 6TH AVENUE UNIT 4 WAUCHULA FL 33873		7. Name and Address of New Registered Agent MOHAMED IGBAL 5 NO. ORANGE STREET P.O. BOX - 298 ZOLFO SPGS FL 33890																									
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 _____ Signature, typed or printed name of registered agent and fee, if applicable (NOTE: Registered Agent signature required when recasting)																											
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
<table border="1"> <tr> <td>TITLE</td> <td>PO</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>IGBAL, MOHAMED</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5 NORTH ORANGE STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ZOLFO SPRINGS FL 33890</td> <td></td> </tr> </table>		TITLE	PO	☐ Delete	NAME	IGBAL, MOHAMED		STREET ADDRESS	5 NORTH ORANGE STREET		CITY-ST-ZIP	ZOLFO SPRINGS FL 33890		<table border="1"> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PO	☐ Delete																									
NAME	IGBAL, MOHAMED																										
STREET ADDRESS	5 NORTH ORANGE STREET																										
CITY-ST-ZIP	ZOLFO SPRINGS FL 33890																										
TITLE		☐ Change ☐ Addition																									
NAME																											
STREET ADDRESS																											
CITY-ST-ZIP																											
<table border="1"> <tr> <td>TITLE</td> <td>SD</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>SULTANA, ROXSANA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5 NORTH ORANGE STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ZOLFO SPRINGS FL 33890</td> <td></td> </tr> </table>		TITLE	SD	☐ Delete	NAME	SULTANA, ROXSANA		STREET ADDRESS	5 NORTH ORANGE STREET		CITY-ST-ZIP	ZOLFO SPRINGS FL 33890		<table border="1"> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	SD	☐ Delete																									
NAME	SULTANA, ROXSANA																										
STREET ADDRESS	5 NORTH ORANGE STREET																										
CITY-ST-ZIP	ZOLFO SPRINGS FL 33890																										
TITLE		☐ Change ☐ Addition																									
NAME																											
STREET ADDRESS																											
CITY-ST-ZIP																											
<table border="1"> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		☐ Delete																									
NAME																											
STREET ADDRESS																											
CITY-ST-ZIP																											
TITLE		☐ Change ☐ Addition																									
NAME																											
STREET ADDRESS																											
CITY-ST-ZIP																											
<table border="1"> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		☐ Delete																									
NAME																											
STREET ADDRESS																											
CITY-ST-ZIP																											
TITLE		☐ Change ☐ Addition																									
NAME																											
STREET ADDRESS																											
CITY-ST-ZIP																											
<table border="1"> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		☐ Delete																									
NAME																											
STREET ADDRESS																											
CITY-ST-ZIP																											
TITLE		☐ Change ☐ 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 of the like empowered.																											
SIGNATURE  DATE _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																											

66419210



MOORE CR2E034 (11/03)