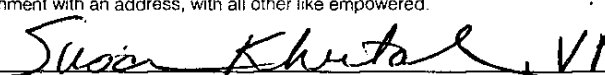


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90060 047 ***150.00

DOCUMENT # P03000113930 1. Entity Name KHUTABA ENTERPRISES, INC					
Principal Place of Business 201 N US HWY 1 SUITE D-9 JUPITER FL 33477 US			Mailing Address 2200 GIRALDA CIR EAST 203 PALM BEACH GARDENS FL 33410 US		
2. Principal Place of Business 9237 SE Woods End Pl			3. Mailing Address 9237 SE Woods End Pl		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State Tequesta FL		City & State Tequesta FL		4. FEI Number 105-1206277	
Zip 33469		Country Martin		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			MOORE CR2E034 (11/03)		
6. Name and Address of Current Registered Agent KHUTABA, RAIK F 2200 GIRALDA CIR EAST 203 PALM BEACH GARDENS FL 33410				7. Name and Address of New Registered Agent Name RaiK F Khutaba Street Address (P.O. Box Number is Not Acceptable) 9237 SE Woods End Place City Tequesta FL Zip Code 33469	
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 3/30/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, T KHUTABA, RAIK 2200 GIRALDA CIR EAST #203 PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Khutaba, RaiK P, T 9237 SE Woods End Pl. Tequesta FL 33469
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS Susan L. Khutaba 9237 SE Woods End Pl. Tequesta FL 33469		
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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:  VP DATE 3/30/04 DAYTIME PHONE # 561-746-0736 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					