

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90010 025 ***150.00

DOCUMENT # P03000149018

1. Entity Name
AHMAD ALL FLOORING, INC.



Principal Place of Business
**4516 NW 5TH CT.
DELRAY BEACH, FL 33445**

Mailing Address
**4516 NW 5TH CT.
DELRAY BEACH, FL 33445**

54063406

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



07152004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

SQUEID, AHMAD
4516 NW 5TH CT.
DELRAY BEACH, FL 33445

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *[Signature]* **7/15/2004**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SQUEID AHMAD 4516 NW 5TH CT. DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* **07-15-04** **561-445-4238**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

KATTOURA & ASSOCIATES, INC.
ACCOUNTING, BOOKKEEPING & TAX SERVICES

54063406

1499 West Palmetto Pk Rd, Suite 416
Boca Raton, FL 33432
TEL: (561) 362-0491

P.O. Box 728
Boca Raton, FL 33429
FAX: (561) 394-5134

National Society of Tax Professional

July 15, 2004

Department Of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

REF: AHMAD ALL FLOORING, INC.
DOCUMENT #P03000149018

Dears Sirs,


The above referenced corporation has never received any notices before at all. We are enclosing the Corporation form along with the check in the amount of \$ 150.00 fee . Please accept this annual report as filing 2004.

Although we would like to verify the address currently is the right one as we show in the annual report form.

Thank you for your cooperation in this matter.

If you have any further question. please do not hesitate to contact us.

Sincerely


Andre K Kattoura

Enclosure

Check \$ 150,00 Fee
Annual Report Form 2004