

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90322 032 ***150.00

DOCUMENT # P03000157718 1. Entity Name SALIBI BROTHERS INC.			
Principal Place of Business 1502 S FEDERAL HWY DANIA, FL 33004		Mailing Address 381 E SHERIDAN ST APT 108 DANIA, FL 33004	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1502 S. Federal Hwy	
City & State Dania FL		City & State Dania FL	
Zip 33004		Zip 33004	
Country FL		Country FL	
4. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>	
04202004 Chg-P CR2E034 (10/03)		FEI Number 20-0518960	
Applied For Not Applicable		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SLAIBI, NIDAL 381 E SHERIDAN ST APT 108 DANIA, FL 33004		7. Name and Address of New Registered Agent Nidal Slaibi 381 E SHERIDAN ST APT 108 DANIA, FL 33004	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME SLAIBI, NIDAL STREET ADDRESS 381 E SHERIDAN ST APT 108 CITY-ST-ZIP DANIA, FL 33004	<input type="checkbox"/> Delete	TITLE P NAME Nidal Slaibi STREET ADDRESS 1502 S. Federal Hwy CITY-ST-ZIP Dania FL 33004	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME ALSALIBI, FIRAS STREET ADDRESS 381 E SHERIDAN ST APT 108 CITY-ST-ZIP DANIA, FL 33004	<input type="checkbox"/> Delete	TITLE Manager NAME Alslibi, Firas STREET ADDRESS 1502 S. Federal Hwy CITY-ST-ZIP Dania, FL 33004	<input checked="" 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: Nidal Slaibi SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/24/04 Daytime Phone #: 954-9227755	