

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000031743

Entity Name: BAGGAGE DEPOT INC

FILED
Jan 28, 2005
Secretary of State

Current Principal Place of Business:

8001 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32809 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 450201
KISSIMMEE, FL 34745 US

New Mailing Address:

FEI Number: 90-0144745 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MUSTAFA, SHAKIR
2880 BERKSHIRE CIR.
KISSIMMEE, FL 34743 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MUSTAFA, SHAKIR
Address: 2880 BERKSHIRE CIR.
City-St-Zip: KISSIMMEE, FL 34743 US

Title: VP () Delete
Name: MUSTAFA, MAZIN S
Address: 2880 BERKSHIRE CIR.
City-St-Zip: KISSIMMEE, FL 34743 US

Title: VP () Delete
Name: BENBASSAT, ZAK
Address: 8001 S. OBT
City-St-Zip: ORLANDO, FL 32809 US

Title: VP (X) Delete
Name: BENNAIN, SHAY
Address: 8001 S. OBT
City-St-Zip: ORLANDO, FL 32809 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAKIR MUSTAFA

P

01/28/2005

Electronic Signature of Signing Officer or Director

Date