

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000031743

FILED
May 26, 2005
Secretary of State**Entity Name:** BAGGAGE DEPOT INC**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:**MUSTAFA, SHAKIR
14120 SIERRA VISTA DR.
ORLANDO, FL 32837 US

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: SHAKIR MUSTAFA

05/26/2005

Electronic Signature of Registered Agent_____
Date**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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MUSTAFA, SHAKIR
Address: 14120 SIERRA VISTA DR.
City-St-Zip: ORLANDO, FL 32837 US

Title: VP (X) Change () Addition
Name: MUSTAFA, MAZIN S
Address: 14029 SIERRA VISTA DR.
City-St-Zip: ORLANDO, FL 32837 US

Title: VP (X) Change () Addition
Name: BENBASSAT, ZACK
Address: 8001 S. OBT
City-St-Zip: ORLANDO, FL 32809 US

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

05/26/2005

Electronic Signature of Signing Officer or Director_____
Date