

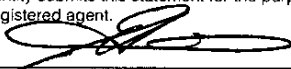
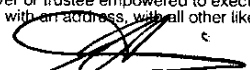


FILED
Jan 28, 2005 8:00 am
Secretary of State

50008009

DOCUMENT # P04000138561						Secretary of State					
1. Entity Name EVELIA IBRAHIM PA				01-28-2005 90036 021 ***163.75							
Principal Place of Business 508 ARCHER LN KISSIMMEE, FL 34746				Mailing Address 508 ARCHER LN KISSIMMEE, FL 34746				50008009			
2. Principal Place of Business 2847 PAIGE DR. KISS. FL 34746				3. Mailing Address 2847 PAIGE DR. KISS FL 34746							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01172005 Chg-P CR2E034 (10/03)			
City & State				City & State				4. FEI Number 20-2177959 <input checked="" type="checkbox"/> Applied For Not Applicable			
Zip		Country		Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
IBRAHIM, EVELIA 508 ARCHER LN KISSIMMEE, FL 34746						Name IBRAHIM, EVELIA					
						Street Address (P.O. Box Number is Not Acceptable) 2847 PAIGE DR					
						Kissimmee FL					
City						Zip Code 34746					
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) 1/17/05 DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees							
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		D				TITLE		D			
NAME		IBRAHIM, EVELIA				NAME		EVELIA IBRAHIM			
STREET ADDRESS		508 ARCHER LN				STREET ADDRESS		2847 PAIGE DR.			
CITY-ST-ZIP		KISSIMMEE, FL 34746				CITY-ST-ZIP		KISSIMMEE FL 34746			
TITLE		<input type="checkbox"/> Delete				TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME						NAME					
STREET ADDRESS						STREET ADDRESS					
CITY-ST-ZIP						CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME						NAME					
STREET ADDRESS						STREET ADDRESS					
CITY-ST-ZIP						CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME						NAME					
STREET ADDRESS						STREET ADDRESS					
CITY-ST-ZIP						CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME						NAME					
STREET ADDRESS						STREET ADDRESS					
CITY-ST-ZIP						CITY-ST-ZIP					
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:  1/17/05 DATE											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR											

Issued EIN

Page 1 of 1

ATTACHMENT
#P04000138561

50008009



Internal Revenue Service

The
Digital
Daily

DEPARTMENT OF THE TREASURY

Federal Tax ID / EIN

This is your provisional Employer Identification Number:

20-2177959

Today's Date is: January 18, 2005 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.

The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.


Click [here](#) to return to the Internet Employer Identification Number landing (start) page.