


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # P93000013855

1. Entity Name
ELSHREIF INVESTMENT CORP.



Principal Place of Business Mailing Address
869 BELLE GLADE ROAD **PO BOX 579**
PAHOKEE, FL 33476 **PAHOKEE, FL 33476**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



02192007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
65-0475125 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SALAH, YOUSIF
869 BELLE GLADE ROAD
PAHOKEE, FL 33476

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retaining)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Delete
NAME	MOHAMED, OSAMA M	
STREET ADDRESS	871 BELLE GLADE RD	
CITY-ST-ZIP	PAHOKEE, FL 33476	
TITLE	PD	<input type="checkbox"/> Delete
NAME	OMER, SAMY E	
STREET ADDRESS	869 BELLE GLADE ROAD	
CITY-ST-ZIP	PAHOKEE, FL 33476	
TITLE		<input type="checkbox"/> Delete
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 03/14/07-80010-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/07 561-924-5844
Date Daytime Phone #