2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State
03-09-2004 90015 034 ***150.00

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1. Entity Name
NEJAME'S TABOULE, INC.

66407486

01232004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
830 S COUNTY RD 427 UNIT 262 LONGWOOD, FL 32750 US	101 STARLING LANE LONGWOOD, FL 32779-4921 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	830 S. County Rd 427 Suite, Apt. #, etc. Unit 262
City & State	City & State Longwood FL
Zip / Country	Zip 32750 / Country US

4. FEI Number 59-3169431 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NEJAME, ALAN 101 STARLING LANE LONGWOOD, FL 32779-4921	Name Street Address (P.O. Box Number is Not Acceptable) 830 S. County Rd 427, Unit 262 City Longwood FL Zip Code 32750

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 Christopher R. Lee DATE 3-05-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2004 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT NEJAME, ALAN 101 STARLING LANE LONGWOOD, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 103 Crown Oaks Way Longwood, FL 32779	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS DEMETREE, MICHELLE 224 SPRINGSIDE DRIVE LONGWOOD, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Lee, Christopher VP 1025 Wildmere Cove Longwood, FL 32750	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Christopher Lee V.P. 3-17-04 407-786-4980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CHRIS Lee