FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT	(UBR)
DOCUMENT # 1940000 24568	SECRETARY OF STATE DIVISION OF CORPORATIONS
ALYSha Enterprises, 9no	03 JUN 27 PM 1: 17
DO NOT WRITE IN THIS SP	
2. Principal Place of Business POBOX 1751 Suite, Apt. #, etc. Suite, Apt. #, etc.	200021269752 07/02/03(1030013 **150.00 do not write in this space
City & State City & State A 1 OP Ka	4. FEI Number Applied For S9 - 3240449 Not Applicable
Zip 32704 Country USA Zip 32704	Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent Name—TAMAL Akber M. Street Address (P.O. Box Number is Not Acceptable) 3017 Windchime CIT W
IN TIMO OF AGE	City Acade 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.	
SIGNATURE Sphaltire, types confinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
Tax filing requirement and elects to do so. After May 1, Amended to	ay 1 Fee is \$150.00 1, Fee is \$550.00 10. Election Campaign Financing 10. UBR is \$61.25 In the to Department of State 10. Election Campaign Financing 10. Added to Fees 10. Election Campaign Financing 10. Election Campaign Financing 11. Election Campaign Financing 12. Added to Fees
11. OFFICERS AND DIRECTORS	TITLE
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME	TITLE NAME OVERTARDERS
STREET ADDRESS CITY-ST-ZIP	STHEET ADDRESS City-St-Zip
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP
13. 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 11 or on an attachment with an address, with all other like empowered.	
SIGNATURE: SIGNATURE AND UPPED OR PRINTED NAME OF SIGNING OFFICER OR	6-27-03 Date Daytime Phone #

To whom it may Concern.

I did not revent any notices for the.

your 2003 (ASK of orlando, Inc, Alysha Enterprising &
Big K, Inc, Marttand Ane, Inc.)

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year 2001, 2002, 2003, For wymere Edeprising Since

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