2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2005 08:00 AM Secretary of State

Pancepar Place of Business Maling Actifices MalAM, FL 33134 2. Principal Place of Business Subsection Subsectio	1. Entity Name	IENT # P9400007 ENVIRONMENTAL DRIL			Se	cretary	y of State			
Sullo, Apt. 4, otc. City & State Address of New Registered Agent Name Street Address (P.O. Bax Number in No. Acceptable) City FL Zip Code 6. The store named only full-int this statement for the purpose of changing its registered agent, or both, in the State of Floyds. I am familiar with, and accept be collegation and gradient agent agent and accept the collegation and gradient agent a	2635 W 79 ST = -415 ALEDO AVE						I IBIII BIYAY WAN WAN WA	IIIL By hka arabi 16 711 ibi	191 BIIDI (BIIDE) 74 INDL	
City & State	2. Principal Plac	ce of Business	3. Mailing Address							
Section Sect	Suite, Apt. #,	etc.	Suite, Apt #, etc.	Suite, Apt #, etc.			Chg-P	CR2E034 (10/03)	
B. Name and Address of Current Rigistered Agent 7. Name and Address of New Registered Agent Name ALEDO AVE MIAMI, FL 33134 City FEL Zip Code 6. The above named entity Submits this statement for this purpose of changing its registered diffice or registered agent, or both, in the State of Figurd. I am furnifier with, and accept the ubligations of jurgisterord agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00 After May 1, 2005 Fee will be \$350.	City & State		City & State					<u></u>		
HALWANI, NAJIB B 415 ALEDO AVE MIAMI, FL 33134 6. The ubove hermed enely submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Figure 1 and accept the obligations of polisored agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 OFFICER'S AND DIRECTORS IN 11 THE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 OFFICER'S AND DIRECTORS IN 11 TO Debt MIX. MIX. HALWANI, NAJIB B STRET ADDRESS OTH-51-2P OTH-51-2P OTH-51-2P ITIE MIX. MIX. SIGNATURESS OTH-51-2P OTH-51-2P THE MIX. SIGNATURESS OTH-51-2P	Z ip	Country	Zip	Country				Fee	Required	
### ALEDO AVE MIAMI, FL 33134 6. The above named entity Bibmits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Rigidal. Iam familiar with, and accept the obligations of projectored agent. ### STEEL NOW!!! FEE IS \$150.00 ### After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ### INIT! MAKE ### HALWANI, NAJIB B ### INIT! MAKE ### INIT! M		6. Name and Address of Currer	it Registered Agent		Name	7. Name and	Address of New I	Registered Age	nt	
6. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Figures. I am familiar with, and accept the obligations of pojstored agent. SIGNATURE SIGNATURE Syndrow types of private registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Deficers AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITLE DP HALWANNI, NAJIB B ORDER ORDERS ORT-S1-2P MIAMI, FL 33134 Detele TITLE MAK SIRET ADDRESS ORT-S1-2P TITLE MAK SIRET ADDRESS ORT-S1-2P TITLE Detele TITLE Detele TITLE MAK SIRET ADDRESS ORT-S1-2P TITLE Detele TITLE MAK SIRET ADDRESS ORT-S1-2P TITLE Detele TITLE MAK SIRET ADDRESS ORT-S1-2P TITLE TITLE MAK SIRET ADDRESS ORT-S1-2P TITLE TITLE MAK SIRET ADDRESS ORT-S1-2P TITLE	415 ALEDO	AVE		Street Address		(P.O. Box Number is Not Acceptable)				
THE NOW!!! FEE IS \$150.00 After fifty 1, 2003 Fee will be \$350.00 After fifty 1, 2003 Fee will be \$350.00 ID. OFFICERS AND DIBECTORS IT US FUNDESS OTV-ST-2P IT US FUND								r L		
TILE INME HALWANI, NAJIB B SIRET ADDRESS CITY-ST-ZP MIAMI, FL 33134 TILE INME MARE MIAMI, FL 33134 TILE INME MARE MARE MARE MARE MARE SIRET ADDRESS CITY-ST-ZP TILE INME SI	the obligations of projectored agent. SIGNATURE Signature, typod or protect name of registered agent and the if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be									
TITLE NAME ALEDO AVE STREFT ADDRESS CITY-ST-ZP MIAMI, FL 33134 TOPESS CITY-ST-ZP TORESS CITY-ST-ZP MILE MAME STREET ADDRESS CITY-ST-ZP TORESS CITY-S	10.	OFFICERS AN	D DIBECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND DIF	RECTORS IN 11	
CITY-ST-ZIP ITILE ITILE ITILE INAME STREET ADDRESS CITY-ST-ZIP ITILE ITI	TITLE E NAME H STREET ADDRESS 4	HALWANI, NAJIB B 15 ALEDO AVE	□ Delete	NAM STRI	ME EET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST	NAME STREET ADDRESS	NAI STF			ME EET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES	NAME Street address		☐ Delete	NAM STRI	NE EET ADDRESS				Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I horeby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 for 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.	NAME Street address		T Delete	NAM STR	ME EET ADDRESS				Change	
NAME STREET ADDRESS GITY-ST-ZIP 12. I horeby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 for 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.	NAME STREET ADDRESS		☐ Detete	NAM STRI	ME EET ADDRESS				Change Addition	
of the corporation or the receiver for 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.	NAME Street Address		□ Delela	NAN Stri	ME EET ADDRESS				Change 🗀 Addition	
SIGNATURE AND TYPIO OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phono #										