


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000087757 1. Entity Name CONCH SHELL PROPERTIES, INC.	
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Principal Place of Business 313 DUVAL ST. KEY WEST, FL 33040 US	Mailing Address 905 VON PHISTER ST KEY WEST, FL 33040 US
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01272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0542514	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SAMAH, FOUAD 905 VON PHISTER ST KEY WEST, FL 33040
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**DO NOT WRITE
IN THIS SPACE**

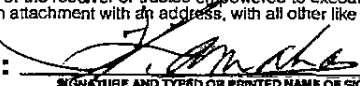
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LADHA, ISSA F 9020 EASTERLING DR ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LADHA, NAVEEN 9020 EASTERLING DR ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAMAH, EVAGELIA 905 VON PHISTER ST KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAMAH, FOUAD 905 VON PHISTER ST KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000020340
 01/29/04-80062-016 150.00

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IN THIS SPACE**

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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date JAN. 27. 04 City/State Phone # 305-296-4111