


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90230 044 ***150.00

DOCUMENT # P94000094111	
1. Entity Name SOLIMAN ELI'S CAFE, INC.	

Principal Place of Business 2655 LEJEUNE ROAD CORAL GABLES, FL 33134	Mailing Address 2655 LEJEUNE ROAD CORAL GABLES, FL 33134
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2. Principal Place of Business 1320 So Dixie Hwy	3. Mailing Address 1320 S Dixie Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Coral Gables, FL	City & State Coral Gables, FL
Zip 33146	Country Miami-Dade
Country Miami-Dade	Zip 33146

04302004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0545806	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SOLIMAN, KARAM 2655 LEJEUNE ROAD CORAL GABLES, FL 33134	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1320 So Dixie Hwy City Coral Gables FL Zip Code 33146	
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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 _____

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLIMAN, KARAM 2655 LEJEUNE ROAD CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1320 So Dixie Hwy Coral Gables, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SOLIMAN, MARGARITA 2655 LEJEUNE ROAD CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1320 So Dixie Hwy Coral Gables, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.	
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SIGNATURE: 	Karam Soliman	4/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #