


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000090477	
1. Entity Name SARAYA SHORES, INC.	

Principal Place of Business % MANATEE SUITES 3167 SOUTH ATLANTIC AVE. DAYTONA BEACH SHORES, FL 32127	Mailing Address % MANATEE SUITES 3167 SOUTH ATLANTIC AVE. DAYTONA BEACH SHORES, FL 32127
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DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3344810	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 HAKEEM, F. CECILIA % MANATEE SUITES 3167 SOUTH ATLANTIC AVE. DAYTONA BEACH SHORES, FL 32127	
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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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reappointing)	DATE
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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	P HAKEEM, F. CECILIA 3167 S. ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAKEEM, RASHIDA 3167 S. ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 32118
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02/09/04-80084-019 150.00

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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: <i>J. Cecilia Hakeem</i>	Date: <i>2/4/04</i>	Daytime Phone #: <i>(386) 761-1121</i>
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