2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State
05-04-2004 90176 033 ***150.00

DOCUMENT # P96000034993

1. Entity Name
SHADA, INC.

Principal Place of Business	Mailing Address
3707 BROADWAY RIVERIA BEACH, FL 33404 US	3707 BROADWAY RIVERIA BEACH, FL 33404 US

DO NOT WRITE IN THIS SPACE

04102004 No Chg-P CR2E084 (10/03)

4. Fei Number
65-0713900
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

MAHMOUD, YOUSEF
2111 BRANDY WINE RD
WEST PALM BEACH, FL 33409

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 _____ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	PCT
NAME	MAHMOUD, YOUSEF A
STREET ADDRESS	2111 BRANDYWINE RD.
CITY-ST-ZIP	W. PALM BEACH, FL 33409
TITLE	VP
NAME	~~TAYSEER, KAMAM~~ Delete
STREET ADDRESS	~~3707 BROADWAY~~
CITY-ST-ZIP	~~WEST PALM BEACH, FL 33404~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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(1)(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: _____ 4/27/04 561-842-3741
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #