

FILED  
Apr 18, 2003 8:00 am  
Secretary of State

04-18-2003 90186 036 \*\*\*150.00

DOCUMENT # P96000082800

1. Entity Name

TAHJUD CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

550-7 ~~9846 Old~~ Baymeadows Rd.

3. Mailing Address

~~9846 Old~~ Baymeadows Rd.

9550-7 BAYMEADOWS RD  
JAX FL 32256

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
9550-7

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

593407521

Applied Fee

Not Applicable

Zip

32256

Country

USA

Zip

32256

Country

USA

5. Certificate of Status Desired

\$3.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Ahmed Al-Ababseh

Street Address (P.O. Box Number is Not Acceptable)

9550-7

~~9846 Old~~ Baymeadows Rd.

City

Jacksonville

FL

Zip Code

32256

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

SIGNATURE

*Ahmed Al-Ababseh*

Signature, typed or printed name of registered agent and date of application.

(NOTE: Registered Agent signature required when relinquishing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: President, Secretary, Treasurer  
NAME: Ahmed Al-Ababseh  
STREET ADDRESS: ~~9846 Old~~ Baymeadows Rd.  
CITY-ST-ZIP: Jacksonville, FL 32256

TITLE: Director  
NAME: Ahmed Al-Ababseh  
STREET ADDRESS: ~~9846 Old~~ Baymeadows Rd.  
CITY-ST-ZIP: Jacksonville, FL 32256

TITLE: Director  
NAME: Hazem Ben Tarif  
STREET ADDRESS: ~~9846 Old~~ Baymeadows Rd.  
CITY-ST-ZIP: Jacksonville, FL 32256

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: 9550-7 BAYMEADOWS RD  
CITY-ST-ZIP: JAX FL 32256

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or in an attachment with an address, with all other like empowered.

SIGNATURE: *Ahmed Al-Ababseh* Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/2003

(504) 646-9200

CRZE034B (1/2/01)