

FILED
May 30, 2002 8:00 am
Secretary of State

05-14-2002 90276 001 ***150.00

2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000089033
1. Entity Name
HEDI ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

32699

2. Principal Place of Business
10601-207 SAN JOSE BLVD
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 23792
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE FL

4. FEI Number
59-3404902

Applied For
Not Applicable

Zip
32257

Country
US

Zip
32241

Country
US

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: HAMMADI BEN HAMMOUDA

Street Address (P.O. Box Number is Not Acceptable)
4433 WONDERBROOK CT

City JACKSONVILLE FL Zip Code 32257

SIGNATURE: *Ben Hammouda*
Signature, typed or printed name of registered agent and title if applicable.

5.28.02
DATE

(NOTE: Registered Agent signature required when resigning)

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.
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HAMMADI BEN HAMMOUDA 4433 WONDERBROOK CT JACKSONVILLE FL 32257
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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)(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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ben Hammouda*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.28.02
Date Daytime Phone #

CR2E034B (12/01)