

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90026 019 ***150.00

DOCUMENT # P97000062683 1. Entity Name BARAKAT INTERNATIONAL, INC.					
Principal Place of Business 7582 SAND LAKE ROAD ORLANDO, FL 32819			Mailing Address 7582 SAND LAKE ROAD ORLANDO, FL 32819		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MAALI, JESSE 7582 INTERNATIONAL DRIVE ORLANDO, FL 32819			7. Name and Address of New Registered Agent Name BASSEL MAALI Street Address (P.O. Box Number is Not Acceptable) 7582 W. SAND LAKE ROAD City ORLANDO FL 32819		
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 <u>BASSEL MAALI</u> DATE 3/15/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAALI, BASSEL 12633 WESTFIELD LAKES CIR WINTER GARDEN, FL 34787		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BASSEL MAALI 7582 W. Sand Lake Road Orlando, FL 32819	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KHANANI, OWAS 6276 INDIAN MEADOW ST ORLANDO, FL 32819		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP OWAS KHANANI 6276 Indian Meadow ST. Orlando, FL 32819	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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.					
SIGNATURE: <u>BASSEL MAALI</u> DATE 3/15/05 DAYTIME PHONE # 407-345-9200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					