

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90134 031 ***158.75

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1. Entity Name
1ST FIESTA CORP.



Principal Place of Business
1133 S UNIVERSITY DR
202
PLANTATION FL 33324

Mailing Address
1133 SOUTH UNIVERSITY DRIVE
SUITE 202
PLANTATION FL 33324



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0809728

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADELITA, CELIA L
C/O MANAGEMENT CORP.
1133 S. UNIVERSITY DRIVE, SUITE 202
PLANTATION FL 33324

Name: FRANCIS ABDALLAH
Street Address (P.O. Box Number is Not Acceptable)
Same
Same
City Same FL Zip Code

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

[Signature]

2/14/03
DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S Delete
NAME DAHSHEH, WAEI
STREET ADDRESS 1681 N.W. 100TH WAY
CITY-ST-ZIP PLANTATION FL 33322

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P Delete
NAME KAHOOK, NOFAL
STREET ADDRESS 900 N OCEAN DR
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP Delete
NAME KAHOK, SAMAR
STREET ADDRESS 953 SW 93 TR
CITY-ST-ZIP PLANTATION FL 33324-3820

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T Delete
NAME SHEHADEH, ABDELKARIM
STREET ADDRESS 5324 N.W. 60TH DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/03
Date Daytime Phone #

CR2E034 (10/02)