


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-04-2004 90057 032 ***150.00

DOCUMENT # P97000102248			
1. Entity Name SAADEH, INC.			
Principal Place of Business 1602 SOUTH DIXIE HIGHWAY LAKE WORTH FL 33462		Mailing Address 1602 SOUTH DIXIE HIGHWAY LAKE WORTH FL 33462	
2. Principal Place of Business		3. Mailing Address 1602 S. Dixie Hwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc. LAKE WORTH	
City & State		City & State LAKE WORTH FL 33462	
Zip	Country	Zip	Country
		33462	U.S.
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SAADEH, MIRIAM 1602 SOUTH DIXIE HIGHWAY LAKE WORTH FL 33460		Name Street Address (P.O. Box Number is Not Acceptable) City 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 <u>Miriam Saadeh</u>		DATE <u>01-26-04</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State</p>		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	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAADEH, SAMEER	NAME	
STREET ADDRESS	284 MEADOWS DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33462	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAADEH, MIRIAM	NAME	
STREET ADDRESS	4783 BLUE PINE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33463	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAADEH, SAMEER	NAME	
STREET ADDRESS	4783 BLUE PINE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33463	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <u>Sameer Saadeh</u>		DATE <u>02-12-04</u> DAYTIME PHONE # <u>561-541-2193</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66402374



MOORE CR2E034 (11/03)

FEI Number 65-0840860 Applied For Not Applicable

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

SAADEH, MIRIAM
 1602 SOUTH DIXIE HIGHWAY
 LAKE WORTH FL 33460

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

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SIGNATURE Miriam Saadeh DATE 01-26-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 After May 1, 2004 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 SAADEH, SAMEER
 STREET ADDRESS 284 MEADOWS DRIVE
 CITY-ST-ZIP LAKE WORTH FL 33462

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME SAADEH, MIRIAM
 STREET ADDRESS 4783 BLUE PINE CIRCLE
 CITY-ST-ZIP LAKE WORTH FL 33463

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME SAADEH, SAMEER
 STREET ADDRESS 4783 BLUE PINE CIRCLE
 CITY-ST-ZIP LAKE WORTH FL 33463

TITLE Change Addition
 NAME
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 CITY-ST-ZIP

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SIGNATURE: Sameer Saadeh DATE 02-12-04 DAYTIME PHONE # 561-541-2193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #