


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90035 036 \*\*\*150.00

<b>DOCUMENT # P97000107357</b>	
1. Entity Name <b>MIDDLE EASTERN FASHION CENTER, INC.</b>	

Principal Place of Business <b>3640 N SR 7 LAUDERDALE LAKES FL 33319</b>	Mailing Address <b>3640 N SR 7 LAUDERDALE LAKES FL 33319</b>
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2. Principal Place of Business <b>3610 N State RD 7</b> Suite, Apt. #, etc.	3. Mailing Address <b>3610 N State R 7</b> Suite, Apt. #, etc.
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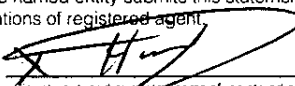
City & State <b>Lauderdale Lakes FL</b>	City & State <b>Lauderdale Lakes FL</b>
Zip <b>33319</b>	Zip <b>33319</b>
Country	Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent <b>YUSEF, HIYAM 3640 N SR 7 LAUDERDALE LAKES FL 33319</b>		7. Name and Address of New Registered Agent Name <b>Yusef Hiya M</b> Street Address (P.O. Box Number is Not Acceptable) <b>3640 N SR 7</b> City <b>Lauderdale Lakes FL</b> Zip Code <b>33319</b>	
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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  DATE **02-14-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P YUSEF, HIYAM 3640 N STATE RD 7 LAUDERDALE LAKES FL 33319</b> <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
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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:  **02-14-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #