2004 FOR PROFIT CORPORATION

FILED Apr 01, 2004 8:00 am Secretary of State

DOCUMENT # P98000039132 I. Entily Name R. HANNA ENTERPRISES, INC. Principal Place of Business 3330 N. NEBRASKA AVENUE TAMPA FL 33603 1. Mailing Address 3330 N. NEBRASKA AVENUE TAMPA FL 33603 2. Principal Place of Business 3300 N. NEBRASKA AVENUE TAMPA FL 33603 2. Principal Place of Business 3300 N. NEBRASKA AVENUE TAMPA FL 33603 3. Mailing Address 3300 N. NEBRASKA AVENUE TAMPA FL 33603 5. Contribution of Pyrincipal Place of Business 3300 N. NEBRASKA AVENUE TAMPA FL 33603 5. Name and Address of Coursent Registered Agent 1. Name and Address of Row Registered 1. Name and Address of Row Regist	ANNUAL REPURI						Secretary of State				
3930 N. REBROSNA AVENUE TAMPA, P. 13503 2. Principal Place of Business 3. Melling Address Suits, Apt. 6, etc. 3. Melling Address City & State 4. FEI Number 59-3506923 Ten Population 6. Name and Address of Current Registered Agent 7. Name and Address of Number is Not Accorptable) Fig. Required 6. Name and Address of Current Registered Agent TAMPA, F. 1 33603 TAMPA, F. 2 33603 TAMPA, F. 2 33603 TAMPA, F. 3360	1. Entity Name					¬					
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Name	Žip	Country	Zip Coun								
HANNA, RANIA 33603 Street Address (P.O. Box Number is Not Acceptable) Street		6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered	l Agent		
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	HANNA RANIA				Name						
B. 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, typed or printed name of registered agent and size if applicables. (INOTE: Registered Agent spirature required when remaining) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS Trust Fund Contribution. Addition which are spirature required when remaining DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS Trust Fund Contribution. Addition which are spirature required when remaining DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS IN 11 TITLE HANNA, RANIA 2815 WESLEYOU DR. CITY-S1-2P TITLE Delete TITLE NAME STREET ADDRESS CITY-S1-2P TITLE Delete TITLE Delete	3930 N. NI	EBRASKA AVENUE	Street Address		eet Address ((P.O. Box Number is Not Acceptable)					
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		1 certify that the information supplied with	n this filing does not qualify for th			ection 119.07(3)(i), Florida Statute:	s. I further c	ertify that the in	nformation	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-04 (813) 3d-8844

Date Dayline Prone #