2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jun 08, 2004 8:00 am **Secretary of State** DOCUMENT # P98000070817 06-08-2004 90002 028 ***158.75 MOHAMED & SONS, INC. Principal Place of Business Mailing Address 44046223 713 EAST MARKET STREET P.O. BOX 1263 SMITHFILED, NC 27577 SMITHFIELD, NC 27577 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05192004 Chg-P CR2E034 (10/03) City & State City & State 4 EFI Number Applied For 65-0861295 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIAZ, MIKE Street Address (P.O. Box Number is Not Acceptable) 7345 SAND LAKE ROAD **SUITE 412** ORLANDO FL 32819 City Zin 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be ... In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 8, 2004 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change ☐ Addition MOHAMED, WAIL NAME STREET ADDRESS 104 PARKWAY DRIVE STREET ADDRESS CITY-ST-ZIP SMITHFIELD, NC 27577 CITY-ST-ZIP , TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME MOHAMED, ALI NAME STREET ADDRESS 104 PARKWAY DRIVE STREET ADDRESS CITY-ST-ZIP SMITHFIELD, NC 27577 CITY-ST-ZIP Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 o

O OR PRINTED NAME OF SIGNING OFFICER OF

Waiel Mohamed

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Affachment #44046223

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. I hereby certily	that the infe is report or	rmation supplied with this supplemental report is tru ceiver or litistate empowe	s filing does not quality for the e and accurate and that my a red to execute this report as all other like empowered.	exempton s signature shall required by C	stated in Sec I have the se chapter 607,	tion 119.07(3)(i ame legal effect Florida Statutos). Florida Statutes i as if made under i s; and that my nam	further certify path, that I am o appears in B	that the informa an officer or dire tock 10 or Block	tion Citor 11 if
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 20, 2004

MOHAMED & SONS, INC. P.O. BOX 1263 SMITHFIELD, NC 27577

SUBJECT: MOHAMED & SONS, INC. Ref. Number: P98000070817

We have received your check(s) totaling \$190.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

Please return the corrected documents to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Gary Blankenbaker Document Specialist

Letter Number: 504A00035154