



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000085086	
1. Entity Name ISLAM & KHAN CORPORATION	

Principal Place of Business 1749 NORTH MILITARY TR #C WEST PALM BEACH, FL 33409 US	Mailing Address 1749-C NORTH MILITARY TRAIL WEST PALM BEACH, FL 33409
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DO NOT WRITE IN THIS SPACE

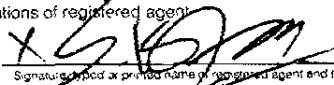
	
04212004	No Chg-P CR2E034 (10/03)
4. FEI Number 65-0866873	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ISLAM, MOHAMMAD S
1749-C NORTH MILITARY TRAIL
WEST PALM BEACH, FL 33409**

**DO NOT WRITE
IN THIS SPACE**

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 **4/30/04**

Signature of board or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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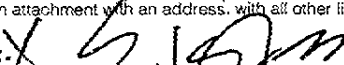
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ISLAM, MOHAMMAD S 1749-C NORTH MILITARY TRAIL WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BEGUM, SHAHIDA 1749-C NORTH MILITARY TRAIL WEST PALM BEACH, FL 33409
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05/06/04-80031-009 150.00

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:  DATE **4/30/04** DAYTIME PHONE # **561 410 3703**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR