

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000037250

1. Entity Name
SABBAH, INC.



Principal Place of Business
22315 SW 112 AVENUE
MIAMI, FL 33170

Mailing Address

22315 SW 112 AVENUE
MIAMI, FL 33170

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



03112005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0913143

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HASSAN, SARWAT
22315 SW 112 AVENUE
MIAMI, FL 33170

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

3. 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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 P
NAME HASSAN, SARWAT
STREET ADDRESS 9500 SW 119 CT
CITY-ST-ZIP MIAMI, FL 33186

Delete

TITLE VP
NAME
STREET ADDRESS
CITY-ST-ZIP

SARWAT EGHNEIM
9500 SW 119 CT
MIAMI FL 33186

Change Additio

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Additio

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Additio

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Additio

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Additio

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Additio

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 I changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sarwat Hassan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HASSAN SARWAT 03/15/2005 (786) 252-7737

Date Day/Time Phone #