

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90646 020 \*\*\*158.75

**DOCUMENT # P99000081824**

1. Entity Name  
**LE CHATEAU EXPORT INC**



Principal Place of Business  
 2203 E 7TH  
 TAMPA, FL 33605

Mailing Address  
 2203 E 7TH  
 TAMPA, FL 33605

**14002231**



01132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3600833</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

ABDALLA, MAGDI  
 2203 E 7TH  
 TAMPA, FL 33605

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	ABDALLA, MAGDI
STREET ADDRESS	2203 E 7TH AVE
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	V
NAME	AZZA, AHMED
STREET ADDRESS	10453 HUNTERS HAVEN
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	S
NAME	FALASIRI, MAJDI
STREET ADDRESS	9810 COMPASS POINT <i>gone</i>
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04-10-04* *813-241-4466*  
 Date Daytime Phone #