

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2005 8:00 am**  
**Secretary of State**

03-17-2005 90019 042 \*\*\*150.00

**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



03122005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3600833**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03-10-05

**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**

TITLE PD  
NAME ABDALLA, MAGDI  
STREET ADDRESS 2203 E 7TH AVE  
CITY-ST-ZIP TAMPA, FL 33605

TITLE VS  
NAME AZZA, AHMED  
STREET ADDRESS 10453 HUNTERS HAVEN  
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:**

**A33a Ahmed**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-10-05 813-241-4468  
Date Daytime Phone #