

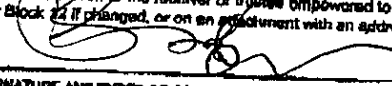
FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91754 047 ***150.00

FROM :

FAX NO. : 4073390659

2 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098846			
1. Entity Name American & African Colours Inc			
Principal Place of Business 1649 Acme street Orlando, FL 32805		Mailing Address 13732 RIDGE TOP RD Orlando, FL 32837	
2. Principal Place of Business		Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3604587		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 MUNIR, SAJID 13732 RIDGE TOP RD ORLANDO FL 32837		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip 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.			
SIGNATURE 14. This corporation is eligible to satisfy its Indemnifiable Tax filing requirement and elects to do so. (See criteria on back)		10. Election Campaign Financing Trust Fund Contribution. May Be Added to Fees \$5.00	
11. OFFICERS AND DIRECTORS			
TITLE	President	Delete	
NAME	MUNIR, SAJID		
STREET ADDRESS	13732 RIDGE TOP RD		
CITY - ST - ZIP	ORLANDO FL 32837		
TITLE		Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		Change Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		Change Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		Change Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		Change Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 11 or Block 12 if changed, or on an endorsement with an address, with all other like empowered.			
SIGNATURE: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date 4-25-02 4075401255			

CIRCUM (1999)