FROM:

FAX NO.: 4259408020

## FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 91797 017 \*\*\*150.00

2003 UNIFORM BUSINESS REPORT (UBR)					05-05-2003 91797 017 ***150.00
DOCUN 1. Entity Na	/ENT# P9900009884			7	
American and African Colours Inc					00444684
Principal Place of Business Mailing Address					80111284
1649 ACME STREET 1649 ACME STREET					
ORLANDO . 32805	ORLANDO, FI				
32805 2. Principal Place of Business 3. Mailing Address					·
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & Sta	ate	City & State			4. FEI Number Applied For
Zip	Country	Zip Coun		у	59-3604587 Not Applicable  5. Certificate of Status Desired \$8.75 Additional
6.	Name and Address of Current	Pagistered Agent	<del></del>	7	Name and Address of New Registered Agent
	·	registered Agent		Name	Maille Bild Address of New Keylsteren Adent
MUNIR, SAJID 13732 RIDGE TOP RD ORLANDO FL 32837				Street Address (P.O. Box Number is Not Acceptable)	
ORLANDO	FL 32037				
				City	FL Zip Code
8. The abov	e named entity submits this state	ement for the purpose	of changin	g its registered	office or registered agent, or both, in the State of Florida.
CICHATIDE					
SIGNATURE	Signature, typed or printed name of regist	ered agent and title if applicat	Ne. (NOT)	: Registered Agent	signature required when reinstalling) Date
	oration is eligible to satisfy its	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	WHI FEE (S		40 Stanta Committee \$5.00 May Pe
	: Tax filing requirement and elections (See criteria on back)	S After MAY 1 Make Check Pay	and the state of the state of		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
11.	OFFICERS AND DI	RECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
пъ	President	The second secon			Change Addition 8
NAME	MUNIR, SAJID		NAME STREET	Innerss	Change Addition Change Addition
CITY - ST - ZIP	ORLANDO FL 32837		CITY - 8T		
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37Y - 57 - 2#P			CITY - ST		
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TTY-ST-ZIP	<u> </u>	700	CITY - ST	· Z P	Channe Addition
TITLE VAME		Delute	TITLE NAME		ChangeAddition
STREET ADDRESS			STREET	DORESS	
IIIY-ST-ZP	of the that the information available with	this Allian days and average	<u>்ர</u> ு எ		440 0700/G) Florid Continue 14 days and death
information I am an offi name appe	indicated on this report or supplement cer or director of the corporation or the ears in Block 11 or Block 12 if changes	ital report is true and accur a receiver or forstee empo	rate and that we of herew	my signature she	ection 119.07(3)(i), Florida Statutes. I further certify that the pli have the same legal effect as if made under oath; that a required by Chapter 607, Florida Statutes; and that my a empowered.
SIGNATU		O OF PRINTED NAME OF	E CICLUIT	OPPOSE AT A	4 - 28-03 407-540-125