



**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

0340739 AV

DOCUMENT # <b>S26837</b>		Secretary of State 05-05-2003 91424 047 ***150.00																																	
1. Entity Name <b>TALAL, INC.</b>																																			
Principal Place of Business <b>3870 SW 2ND CT. PLANTATION FL 33311</b>		Mailing Address <b>3870 SW 2ND CT. PLANTATION FL 33311</b>																																	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																	
City & State		City & State																																	
Zip	Country	Zip	Country																																
4. FEI Number <b>65-0235660</b>		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																																	
6. Name and Address of Current Registered Agent  <b>HAMADE, TALAL 3780 SW 2ND CT PLANTATION FL 33317</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;">TITLE</td><td style="width: 40%;">NAME</td><td style="width: 10%;">Delete</td></tr><tr><td>NAME</td><td><b>PTD HAMADE, TALAL</b></td><td><input type="checkbox"/></td></tr><tr><td>STREET ADDRESS</td><td><b>3870 SW 2ND CT.</b></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td><b>PLANTATION FL</b></td><td></td></tr></table>		TITLE	NAME	Delete	NAME	<b>PTD HAMADE, TALAL</b>	<input type="checkbox"/>	STREET ADDRESS	<b>3870 SW 2ND CT.</b>		CITY-ST-ZIP	<b>PLANTATION FL</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;">TITLE</td><td style="width: 40%;">NAME</td><td style="width: 10%;">Delete</td><td style="width: 10%;">Change</td><td style="width: 10%;">Addition</td></tr><tr><td>NAME</td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td><td></td><td></td></tr></table>		TITLE	NAME	Delete	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS					CITY-ST-ZIP				
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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:  <b>PTD HAMADE, TALAL</b> Date: <b>4-28-2003</b> Daytime Phone #																																	