2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 16, 2006 8:00 am Secretary of State 03-16-2006 90430 001 ***150.00

1. Entity Nam	MENT # S79929 interprises, INC.			03-16-	2006 90430 002 ***	***8.75		
		Mailing Address 21630 S.W. 120TH AV MIAMI, FL 33170-280		66005562				
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03132006 Chg-P	CR2E034 (11/05)	1251 11 1541		
City & State		City & State		4. FEI Number		plied For		
Zip	Country	Zip	Country	65-0288152		t Applicable		
Σψ		<u> </u>	Country	5. Certificate of Status Desired	d № \$8.75 Add Fee Required			
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of Nev				
BENZAKO	OUR, ABDELFATTAH T		Name Z	Name ZAHER A. MOSALLEM				
1062 SW 123RD PLACE MIAMI, FL 33186				Street Address (P.O. Box Number is Not Acceptable)				
	00100							
			City Have	nestead	FL Zip Code			
8. The above	named entity submits this statement fo	r the purpose of changing its			37	p33 and accept		
	ions of registered agent.	the perpose of changing no	MGR		,	and doocpt		
SIGNATURE Signature Superface of applicable. (NOTE: Registered Apent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO C	FFICERS AND DIRECTORS	S IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EL-TALLA, HAKEEM 21630 S.W. 120TH AVENUE MIAMI, FL 331702803	≥ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENZAKOUR, ABDELFATTAH T 1062 SW 123RD PLACE MIAMI, FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MOSALLEM, ZAHER A 21630 S.W. 120TH AVENUE MIAMI, FL 33173	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mosallem, Zahe 3229 N.E. 11+4 Homested, FL	v	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP		Change	☐ Addition		

12. Hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:	ZALA. MOSALLEM ZAHER A. MOSALLEM	3-13-06	(305) 258-6622
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #