2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004
Secretary of State

DOCUMENT# F13792

Entity Name: SABRINA, INC.

Current Principal Place of Business:

1950 NORTH PARK PLACE
201
ATLANTA, GA 30339 US

New Principal Place of Business:

Current Mailing Address:

1950 NORTH PARK PLACE
201
ATLANTA, GA 30339 US

New Mailing Address:

FEI Number: 59-2064047 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YADO, JESS J., III
4830 W KENNEDY BLVD
SUITE 750
TAMPA, FL 33609

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KASSAM, AZIM,
Address: 53 BRIARSCROSS BLVD
City-St-Zip: AGINCOURT ONT, CD

Title: D ( ) Delete
Name: KASSAM, P H,
Address: 53 BRIARSCROSS BLVD
City-St-Zip: AGINCOURT ONT, CD

Title: S ( ) Delete
Name: KASSAM, AZIM,
Address: 53 BRIARCROSS BLVD
City-St-Zip: AGINCOURT ONT, CD

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KASSAM, AZIM,
Address: 53 BRIARSCROSS BLVD
City-St-Zip: AGINCOURT ONT, ON M1S 3K6 CA

Title: D (X) Change ( ) Addition
Name: KASSAM, P H,
Address: 53 BRIARSCROSS BLVD
City-St-Zip: AGINCOURT ONT, ON M1S 3K6 CA

Title: S (X) Change ( ) Addition
Name: KASSAM, AZIM,
Address: 53 BRIARCROSS BLVD
City-St-Zip: AGINCOURT ONT, ON M1S 3K6 CA

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AZIM KASSAM PD 01/21/2004

Electronic Signature of Signing Officer or Director Date