


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90084 014 ***158.75

DOCUMENT # P03000054845

1. Entity Name
K3H ENTERPRISES, INC.



Principal Place of Business
**760 COOPER FARM WAY
 DULUTH, GA 30097**

Mailing Address
**760 COOPER FARM WAY
 DULUTH, GA 30097**

14000537

2. Principal Place of Business
248 MAIN ST

3. Mailing Address
 Suite, Apt. #, etc.

City & State
DESTIN FLORIDA

City & State
 Suite, Apt. #, etc.

Zip
32541 Country
USA



02292004 Chg-P CR2E034 (10/03)

4. FEI Number
02-0692761 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KHERAJ, BADRUDDIN		NAME KHERAJ, BADRUDDIN	
STREET ADDRESS 760 COOPER FARM WAY		STREET ADDRESS 760 COOPER FARM WAY	
CITY-ST-ZIP DULUTH, GA 30097		CITY-ST-ZIP DULUTH, GA. 30097	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KARIMI, HABIBULLAH		NAME KARIMI, HABIBULLAH	
STREET ADDRESS 3402 LAKERIDGE LANE		STREET ADDRESS 2501 LAWRENCEVILLE HWY APT# 6	
CITY-ST-ZIP DUNWOODY, GA 30338		CITY-ST-ZIP DECATUR GA. 30033	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 an other like empowered.

SIGNATURE:  **BADRUDDIN KHERAJ** 3-10-04 678-687-4132
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date Daytime Phone #