


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-04-2004 90057 032 ***150.00

DOCUMENT # P97000102248			
1. Entity Name SAADEH, INC.			
Principal Place of Business 1602 SOUTH DIXIE HIGHWAY LAKE WORTH FL 33462		Mailing Address 1602 SOUTH DIXIE HIGHWAY LAKE WORTH FL 33462	
2. Principal Place of Business		3. Mailing Address <i>1602 S. Dixie Hwy</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>LAKE WORTH</i>	
City & State		City & State <i>LAKE WORTH FL 33462</i>	
Zip	Country	Zip	Country
<i>33462</i>	<i>U.S.</i>	<i>33462</i>	<i>U.S.</i>
6. Name and Address of Current Registered Agent SAADEH, MIRIAM 1602 SOUTH DIXIE HIGHWAY LAKE WORTH FL 33460		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 <i>Miriam Saadeh</i>		DATE <i>01-26-04</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAADEH, SAMEER	NAME	
STREET ADDRESS	<i>284 MEADOWS DRIVE</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>LAKE WORTH FL 33462</i>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAADEH, MIRIAM	NAME	
STREET ADDRESS	4783 BLUE PINE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33463	CITY-ST-ZIP	
TITLE	<i>SAADEH, SAMEER</i> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>SAADEH, SAMEER</i>	NAME	
STREET ADDRESS	<i>4783 BLUE PINE CIRCLE</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>LAKE WORTH FL 33463</i>	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	
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 all other like empowered.			
SIGNATURE: <i>Sameer Saadeh</i>		DATE: <i>02-12-04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone # <i>561-541-2193</i>	

66402374



MOORE CR2E034 (11/03)