

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED** ATX1  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT #** P94000014571  
1. Entity Name  
Rabah Sons Enterprises Inc

**DO NOT WRITE IN THIS SPACE**

UB00000306158  
04/15/05-80003-015 150.00

2. Principal Place of Business  
210 Avenue C  
Suite, Apt. #, etc.

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

DO NOT WRITE IN THIS SPACE

City & State  
Geneva, FL

City & State

4. FEI Number  
59-3227581

Applied For  
Not Applicable

Zip  
32732

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Rabah Ali

Street Address (P.O. Box Number is Not Acceptable)  
210 Avenue C

City  
Geneva

**FL**

Zip Code  
32732

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
Rabah, Ali  
210 Avenue C  
Geneva, FL,32732

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
Rabah, Maria C  
210 Avenue C  
Geneva, FL,32732

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**11.**

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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ali S. Rabah Ali S. Rabah Pres 3/11/2004 407 365 0506  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #