2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 13, 2007 08:00 AM **Secretary of State** DOCUMENT # P94000014571 1. Entity Name RABAH SON'S ENTERPRISES, INC. Principal Place of Business Mailing Address 210 AVENUE C 210 AVENUE C GENEVA, FL 32732 GENEVA, FL 32732 CR2E034 (11/05) 04062007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3227581 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent RABAH, ALI S DO NOT WRITE 210 AVENUE C GENEVA, FL 32732 IN THIS SPACE 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 reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME RABAH, ALI S STREET ADDRESS 210 AVENUE C CITY-ST-ZIP GENEVA, FL 32732 U00000705058 04/23/07-80036-007 150.00 TITLE RABAH, MARIA C NAME STREET ADDRESS 210 AVENUE C CITY-ST-ZIP GENEVA, FL 32732 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I 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 eath, 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: _

TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

911/6

Daytime Phone #

FILED