

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

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90035 050 ***150.00

DOCUMENT # <i>P94000014571</i>	
1. Entity Name Rabah Sons Enterprises Inc	

DO NOT WRITE IN THIS SPACE

94030101

2. Principal Place of Business 210 Avenue C Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Geneva, FL	City & State	4. FEI Number 59-3227581	Applied For Not Applicable
Zip 32732	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$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	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 **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE Director	NAME Rabah, Ali	TITLE	NAME
STREET ADDRESS 210 Avenue C	CITY-ST-ZIP Geneva, FL - 32732	STREET ADDRESS	CITY-ST-ZIP
TITLE Director	NAME Rabah, Maria c	TITLE	NAME
STREET ADDRESS 210 Avenue C	CITY-ST-ZIP Geneva, FL - 32732	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

**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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

S. Rabah
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/04
Date

4073495250
Daytime Phone #