


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N41744**  
1. Entity Name  
**AMERICAN LEBANESE ENGINEERING SOCIETY, INC.**



Principal Place of Business <b>3700 34TH ST 3RD FLOOR ORLANDO, FL 32805 US</b>	Mailing Address <b>3700 34TH ST 3RD FLOOR ORLANDO, FL 32805 US</b>
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01122006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3058418</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**HARB, AMINE T  
3700 34TH STREET  
SUITE 300  
ORLANDO, FL 32805**

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2006**

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	V ABICHAKE, DAVID 123 WREN ST BOSTON, MA 02132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEBAALI, SAM 401 HARBOUR OAKS PT DR ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NACHABE, MAHMOOD 4202 E FOWLER AVE ENB 118 TAMPA, FL 33620
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOURANI, NABIL 700 EAST GATE DR #201 MOUNT LAUREL, NJ 08054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUFADEL, MICHEL C 1947 N 12TH STREET PHILADELPHIA, PA 19122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/23/06-80009-008 70.00

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 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 617, 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:  **1.13.06** **407-422-427**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #