## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# F86301

Entity Name: SABOUNGI CONSTRUCTION, INC.

FILED Sep 19, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

290 N US 1 290A N US

ORMOND BCH., FL 32174 ORMOND BCH., FL 32174

Current Mailing Address: New Mailing Address:

290 N US 1 290A N US 1

ORMOND BCH., FL 32174 ORMOND BCH., FL 32174

FEI Number: 59-2219055 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SABOUNGI, HASSAN
290 NORTH US 1
SABOUNGI, HASSAN
290A NORTH US 1

ORMOND BEACH, FL 32174 US ORMOND BEACH, FL 32174 US

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.

SIGNATURE: HASSAN SABOUNGI 09/19/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: SABOUNGI, MAHMOUD, Name: SABOUNGI, MAHMOUD

Address: 648 RIVERSIDE DR. Address: 648 RIVERSIDE DR. City-St-Zip: ORMOND BEACH, FL 32176

Title: S ( ) Delete Title: S (X) Change ( ) Addition

Name:SABOUNGI, ILHAM,Name:SABOUNGI, MAISAAddress:648 RIVERSIDE DR.Address:1570 JOHN ANDERSON DR.City-St-Zip:ORMOND BEACH, FLCity-St-Zip:ORMOND BEACH, FL 32176

Title: VT ( ) Delete Title: VT (X) Change ( ) Addition

Name:SABOUNGI, HASSAN,Name:SABOUNGI, HASSANAddress:1570 JOHN ANDERSON DR.Address:1570 JOHN ANDERSON DR.City-St-Zip:ORMOND BEACH, FLCity-St-Zip:ORMOND BEACH, FL 32176

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HASSAN SABOUNGI VT 09/19/2008