

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 09, 2007 8:00 am
Secretary of State

08-09-2007 90055 020 ***550.00

DOCUMENT # H22966
 1. Entity Name
FARRAJ CORPORATION



Principal Place of Business Mailing Address
15040 NORTH SAXON CIRCLE **15040 NORTH SAXON CIRCLE**
 PH PH
FORT LAUDERDALE FL 33331 **FORT LAUDERDALE FL 33331**



2. Principal Place of Business - No P O Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.
Same *Same*

City & State City & State
Same *Same*

Zip Country Zip Country

2nd MOORE CR2E034 (4/07)

4. FEI Number **APPLIED FOR**
760841663 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

MAHMOUD, HASHEM
15040 NORTH SAXON CIRCLE
FORT LAUDERDALE FL 33331

Name
 Street Address (P O Box Number is Not Acceptable)
 City **FL** Zip Code

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)

FILE NOW!!! FEE IS \$550.00
DUE BY September 5, 2007
Make Check Payable to Florida Department of State

S 607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHMOUD, HASHEM	NAME	
STREET ADDRESS	15040 NORTH SAXON CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33331	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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 Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: *Hasem Mahmoud* **7/27/07**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #