2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2006 08:00 AM Secretary of State

					Secr	etary of Sta	ue
DOCUMENT # J15721 1. Enlity Name ARBAB ENGINEERING INCORPORATED					;	· i	
				7	, k	ţ i	
Principal Plac	e of Business	Mailing Address			i !		
% ALIAKBAR	ARBAB Yne Blvd, Ste 508	% ALIAKBAR ARBAB 11900 BISCAYNE BLVD, STE !	รกล	: }	1))	•
MIAMI, FL 3		MIAMI, FL 33181 US		1.00588 1	Han andri annu i dane i hare dh	i En momen menera momen mediji mendel benderbak j) (55)
_	o Mot Moite	wiio oba	~ =	04052006	Na Chg-P	CR2E034 (11/05)	
DO NOT WRITE IN THIS SPA			CE	4. FEI Numb	oer ; 67016	Applied Not Ap	
					e of Status Desired	\$8.75 Addition	
Name and Address of Current Registered Agent							
ARBAB, ALIAKBAR 11900 BISCAYNE BLVD. STE 508					NOT W		
MIAMI, FL	33181	er and		IN	THIS SF	ACE	•. •
	named entity submits this statement for ions of registered agent.	he purpose of changing its register	red office or reg	istered agent, or b	oth, in the State of FI	orida. I am familiar with, and	accept
}				}		1-2/2	٠
Signature, good or prived name of registered agent and title it applicable. (NOTE Registered Agent signature required a						DATE	<u> </u>
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 8. Election Campaign Finar Trust Fund Contribution.				\$5.00 May Be Added to Fees		, , , ,	
10.	OFFICERS AND D	RECTORS	I		,		
TITLE NAME	DP ARBAB, ALIAKBAR	•	1				
STREET ADDRESS	8625D BOCA GLADES BLVD W		İ		000000) 05 /02 /06	0518314 -80005-011 150.	กก
CITY-ST-ZIP	BOCA RATON, FL	· · · · · · · · · · · · · · · · · · ·	-{		סט זמט ינכט	.00003_011 120*	ບບ
NAME			Į			,	
STREET ADDRESS CITY-ST-ZIP			1				
DILE			1				
NAME STREET ADDRESS			1	D0	NOT 14	יחודר	
CITY-SI-ZIP	<u> </u>		_		NOT W		
TITLE NAME			ĺ	IN	THIS SF	PACE	

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the Information indicated on this regard 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 all other like empowered.

SIGNATURE:

STREET ADDRESS CITY -ST - ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



4//3/06 (305) 891-5049