## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # J56135

1. Entity Name SANBAR ARABIANS, INC.



Principal Place of Business

% BARTON S GOLDBERG

5969 N BAY RD Miami Beach, Fl. 33140 US Mailing Address

5969 N BAY ROAD MIAMI BCH, FL 33140

US

## FILED Jan 11, 2007 8:00 am Secretary of State

01-11-2007 90060 031 \*\*\*150.00



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01072007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2769397

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDBERG, BARTON S 5969 N BAY RD MIAMI BEACH, FL 33140

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8.	The above named entity submits this statement for the purpose of cithe obligations of registered agent.	nanging its registered office or registered agent, or be	oth, in the State of Fiorida. I am familiar with, and accep	Ĺ
SI	BNATURE			
	Signature, typed or printed name of registered agent and title if applicable,	(NOTE: Registered Agent signature required when reinstating)	DATE	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS PD TITLE NAME GOLDBERG, SANDRA J. M. STREET ADDRESS **5969 N. BAY ROAD** CITY-ST-ZIP MIAMI BEACH, FL TITLE NAME GOLDBERG, SANDRA J. M. 5969 N. BAY ROAD STREET ADDRESS MIAMI BEACH, FL. CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MILE STREET ADDRESS CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE:

TITLE

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