2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # K77541

1. Entity Name
AMERAB, INC.

Principal Place of Business
6303 S. ORANGE BLOSSOM TR.
ORLANDO, FL 32809

Mailing Address
6303 S. ORANGE BLOSSOM TR.
ORLANDO, FL 32809

04082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MANSOUR, MR. WEFKY
6303 S. O. B. T.
ORLANDO, FL 32809

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CPM
NAME	ELSALLAL, ABDUL JALIL S.
STREET ADDRESS	6303 S. O. B. T.
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	VTD
NAME	MUSSALATI, MAISA W.
STREET ADDRESS	6303 S. O. B. T
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	VD
NAME	ELSALLAL, MOHD WAJIEH A
STREET ADDRESS	6204 PEACHFORD CIR.
CITY-ST-ZIP	DUNWOODY, GA 30338
TITLE	VD
NAME	EL SALLAL MOHD SALEH A J.
STREET ADDRESS	6204 PEACHFORD CIR
CITY-ST-ZIP	DUNWOODY, GA 30338
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000137464
04/29/04-80041-020 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Wefky Mansour 4/26/04 (407) 855-2890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #