

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # M31846	
1. Entity Name AMERICAN BUILDING ENGINEERS INC	
Principal Place of Business 5405 N STATE RD 7 TAMARAC, FL 33319-2921	Mailing Address 5405 N STATE RD 7 TAMARAC, FL 33319-2921



04062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2680650	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BORUJERDI, ABE
5405 NORTH STATE ROAD 7
TAMARAC, FL 33319**

**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 *Abbe Borujerdi* 4/1/07 DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BORUJERDI, ABE 5405 N. STATE ROAD 7 TAMARAC, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAHRAMI, ZAHRA 5405 N. STATE ROAD 7 TAMARAC, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FATHALI, MINOO M 5405 N. STATE ROAD 7 TAMARAC, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/20/07-80050-003 150.00

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IN THIS SPACE**

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: *Abbe Borujerdi* 4/3/07 (954) 739-5092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #