


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90050 028 \*\*\*\*70.00

**DOCUMENT # N41744**

1. Entity Name  
**AMERICAN LEBANESE ENGINEERING SOCIETY, INC.**



40050323



Principal Place of Business  
**3700 34TH ST  
 3RD FLOOR  
 ORLANDO, FL 32805 US**

Mailing Address  
**3700 34TH ST  
 3RD FLOOR  
 ORLANDO, FL 32805 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

02212005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3058418**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HARB, AMINE T  
 3700 34TH STREET  
 SUITE 300  
 ORLANDO, FL 32805**

**7. Name and Address of New Registered Agent**

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)

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **D**  Delete  
 NAME **HARB, AMINE**  
 STREET ADDRESS **9025 BALMORAL MEWS SQUARE**  
 CITY-ST-ZIP **WINDERMERE, FL 34786**

TITLE  Change  Addition

TITLE **V**  Delete  
 NAME **ABI-AOUN, JOHN**  
 STREET ADDRESS **1032 PINE RIDGE CIRCLE**  
 CITY-ST-ZIP **SANFORD, FL 32773**

TITLE **V**  Change  Addition  
 NAME **ABICHAHER, DAVID**  
 STREET ADDRESS **123 WREN ST.**  
 CITY-ST-ZIP **BOSTON, MA 02132**

TITLE **P**  Delete  
 NAME **SEBAALI, SAM**  
 STREET ADDRESS **401 HARBOUR OAKS PT DR**  
 CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE **D**  Change  Addition

TITLE **S**  Delete  
 NAME **NACHABE, MAHMOOD**  
 STREET ADDRESS **4202 E FOWLER AVE ENB 118**  
 CITY-ST-ZIP **TAMPA, FL 33620**

TITLE **T**  Change  Addition

TITLE **T**  Delete  
 NAME **AYASH, ALAN**  
 STREET ADDRESS **221 ROSCOMMON CT**  
 CITY-ST-ZIP **ORLANDO, FL 32826**

TITLE **S**  Change  Addition  
 NAME **HOURLANI, NABIL**  
 STREET ADDRESS **700 EAST GATE DR. # 201**  
 CITY-ST-ZIP **MT. LAUREL, NJ 08054**

TITLE **D**  Delete  
 NAME **BOUFADEL, MICHAEL C**  
 STREET ADDRESS **1947 N 12TH STREET**  
 CITY-ST-ZIP **PHILADELPHIA, PA 19122**

TITLE **P**  Change  Addition  
 NAME **BOUFADEL, MICHEL C**

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 617, 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:**

*Amine T. Harb*  
 Amine T. Harb

4-4-05

Date

407-422-4272

Daytime Phone #