2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

lu yams

SIGNATURE:

## Feb 15, 2006 08:00 AM Secretary of State DOCUMENT # P00000107892 1. Entity Name PIERE & ABIR YOUNIS ENTERPRISES, INC. Principal Place of Business Mailing Address 2201 GADWALL COURT 2201 GADWALL COURT VALRICO FL 33594 VALRICO FL 33594 2. Principal Place of Business 3. Mailing Address Suite. Apt. II, etc. Suite, Apt. II, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3678973 Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YOUNIS, PIERE Street Address (P.O. Box Number is Not Acceptable) 2201 GADWALL COURT BRANDON FL 33594 Zip Code City 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 tamiliar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when remainting) OAte FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State to. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete THE ☐ Change Addition NAME YOUNIS, PIERE 22A382 STREET ADDRESS 2201 GADWALL COURT STREET ADDRESS VALRICO FL 33594 CATY-ST-IP CITY-ST-ZIP mu Delete TITLE Change Addition MANUE YOUNIS, ABIR U00000434854 STREET ADDRESS 2201 GADWALL COURT STREET ADDRESS 02/25/06-80018-020 150.00 CITY-ST-ZIP VALRICO FL 33594 CITY-ST-ZIP mu □ Detete Hile Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP DHE Delete ☐ Change ☐ Addition NAME MAME STREET ADURCSS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE Delete TITLE Change Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - ST - ZIP ☐ Defete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CSTY-ST-ZSP CATY - ST - APP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED

2/11/06 (513)849-1888