

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90047 026 \*\*\*150.00

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<b>DOCUMENT # P01000089589</b> 1. Entity Name <b>NABHAN TRADING, INC.</b>					
Principal Place of Business <b>5066 STARBLAZE DR LAKE WORTH, FL 33463</b>			Mailing Address <b>711 TIVOLI CIRCLE, #103 DEERFIELD BEACH, FL 33441</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>5066 Starblaze Dr.</b> Suite, Apt. #, etc.			
City & State		City & State <b>Greenacres FL.</b>		4. FEI Number <b>65-1136084</b>	
Zip <b>33463</b>	Country <b>FL.</b>	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>IBRAHIM, NABHAN 711 TIVOLI CIRCLE, #103 DEERFIELD BEACH, FL 33441</b>			7. Name and Address of New Registered Agent Name <b>IBRAHIM NABHAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>5066 Starblaze Dr.</b> City <b>Greenacres</b> <b>FL</b> Zip Code <b>33463</b>		
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 <u><i>Nabhan</i></u> <span style="float: right;">1-25-05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing --Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>NABHAN, IBRAHIM</b> <b>5066 STARBLAZE</b> <b>LAKE WORTH, FL 33463</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.					
<b>SIGNATURE:</b> <u><i>Nabhan</i></u> <span style="float: right;">1-25-05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					