2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 09, 2007 8:00 am Secretary of State

DOCU 1. Entity Nam NABHAN	ne	# P0100008 IG, INC.			04-09-2007 90062 015 ***150.00						
Principal Plac	e of Rusines	·e	Mailing Address			. 					
5066 STARB		5066 STARBLAZE DR									
LAKE WORTH		3		LAKE WORTH, FL 33463							
							A SANS JANK SAND RENI AAN) 	### #### ### ###	1881 M 1981	
Principal Place of Business - No P.O. Box # 3. Mailing Address											
Same Above				Same Abo			i i nadiren kii ensul ileli erdif ardil ardik erdik keluk keluk telek 1818, 1818 601,000 (j. 180) I				
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.		03272007	03272007 Chg-P CR2E034 (12/06)				
City & State			City & State	City & State		4. FEI Numbe	er		Ap	plied For	
77.			7			65-1136084 Not Applicab					
Zip	ip Country		Zip	Zip Cour		5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current			nt Registered Agent	legistered Agent			7. Name and Address of New Registered Agent				
IDDALINA				Name I BRAkim NABHan							
IBRAHIM, NABHAN 5066 STARBLAZE DR					Street Address (P.O. Box Number is Not Acceptable) SOGG STANBLAZE DE						
LAKE WORTH, FL 33463					5	066 5	TanBLA	7 e	De		
					City Lak	a ho	RTG.	FL	Zip Code	462	
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 X NABhan IBRAhun 04.3.07											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstatting) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.											
10.		OFFICERS AN	ID DIRECTORS			ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE NAME	D	, IBRAHIM	☐ Delete						☐ Change	☐ Addition	
STREET ADDRESS	5066 STA			NAM STRE							
CITY-ST-ZIP	1	ORTH, FL 33463		CITY							
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CITY-ST-ZIP				CITY	-ST-ZIP						
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STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP						
TITLE			☐ Delete	TITL					Change	☐ Addition	
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CITY-ST-ZIP				CITY	- ST - ZIP						
TITLE			☐ Delete	TITL					☐ Change	☐ Addition	
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CITY-ST-ZIP					-ST-ZIP						
12. I berehv d	certify that th	e information supplied w	vith this filing does not qualify t	for the evi	emotions contains	ed in Chanter 119	Florida Statutos 1	further cer	tify that the in	formation	
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.											