

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90007 032 ***150.00

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1. Entity Name

CRABBSTER, INC.



Principal Place of Business

765 NORTHWEST 40TH TERRACE
DEERFIELD BEACH FL 33442

Mailing Address

765 NORTHWEST 40TH TERRACE
DEERFIELD BEACH FL 33442



2. Principal Place of Business

1040 S.E. 4th Ave
Suite, Apt. #, etc.
332

3. Mailing Address

1040 S.E. 4th Ave
Suite, Apt. #, etc.
332

1st MOORE

CR2E034 (10/05)

City & State

Deerfield Beach Florida
Zip 33441 Country USA

City & State

Deerfield Beach Florida
Zip 33441 Country USA

4. FEI Number

59-3749183

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ELSHORBAGI, ZIAD S
STREET ADDRESS 765 NORTHWEST 40TH TERRACE
CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ Delete

TITLE SVD
NAME ELSHORBAGI, SANIA R
STREET ADDRESS 765 NORTHWEST 40TH TERRACE
CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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12. I hereby 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.

SIGNATURE:

Ziad Elshorbagi ZIAD ELSHORBAGI

3/18/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #