


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 27, 2004 8:00 am**  
**Secretary of State**

07-27-2004 90038 022 \*\*\*150.00

**DOCUMENT # P01000105393**

1. Entity Name  
**ABDUL & SONS, INC.**



Principal Place of Business 695 NW 95 ST. MIAMI, FL 33150	Mailing Address 695 NW 95 ST. MIAMI, FL 33150
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**54065062**



07142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

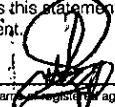
4. FEI Number 65-1153742	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

~~RAZAQ, KAMRAN~~ **RAZAQ, ABDUL**  
 695 NW 95 ST.  
 MIAMI, FL 33150

**DO NOT WRITE IN THIS SPACE**

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 **7/19/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RAZAQ, ABDUL
STREET ADDRESS	695 NW 95 ST.
CITY-ST-ZIP	MIAMI, FL 33150
TITLE	<del>VP</del>
NAME	<del>RAZAQ, KAMRAN</del>
STREET ADDRESS	<del>695 NW 95 ST.</del>
CITY-ST-ZIP	<del>MIAMI, FL 33150</del>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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:  DATE **07/19/04** DAYTIME PHONE # **305-757-3714**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR