


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000005980
 1. Entity Name
RAY ABED INC



Principal Place of Business Mailing Address
211 CHAPMAN AVE. **211 CHAPMAN AVE.**
SANFORD, FL 32771 **SANFORD, FL 32771**

DO NOT WRITE IN THIS SPACE



01132007 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0578686	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAKER, ABDER R
211 CHAPMAN AVE.
SANFORD, FL 32771

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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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	BAKER, ABDER R
STREET ADDRESS	211 CHAPMAN AVE.
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	S
NAME	BAKER, ALIA
STREET ADDRESS	211 CHAPMAN AVE.
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	V
NAME	BAKER, SAMEER
STREET ADDRESS	141 ELDORADO DR
CITY-ST-ZIP	DEBARY, FL 32713
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 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.

SIGNATURE: Abder R. Baker Abder R. Baker 4-14-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #