
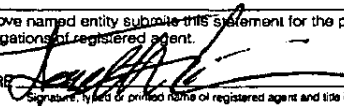
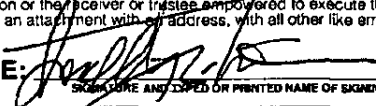


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 23, 2004 8:00 am
Secretary of State

04-05-2004 90055 005 ***150.00

DOCUMENT # P03000008367					
1. Entity Name RAWAN ENTERPRISES, INC.					
Principal Place of Business 5687 NW 36 STREET MIAMI SPRINGS, FL 33166			Mailing Address 5687 NW 36 STREET MIAMI SPRINGS, FL 33166		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 6-1650598	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SALEH, EMAD 5687 NW 36 STREET MIAMI SPRINGS, FL 33166			Name SARALLAH HINDI Street Address (P.O. Box Number is Not Acceptable) 5687 NW 36 ST City MIAMI SPRINGS FL Zip Code 33166		
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 		(NOTE: Registered Agent signature required when reinstating)		DATE 04-01-04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALABI, SAMIR EL 5687 NW 36 STREET MIAMI SPRINGS, FL 33166	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SARALLAH HINDI 5687 NW 36 ST MIAMI SPRINGS, FL 33166	<input type="checkbox"/> Change <input checked="" 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)(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 		(NOTE: Registered Agent signature required when reinstating)		DATE 04-01-04	
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

66414513



04012004 Chg-P CR2E034 (10/03)