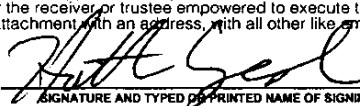


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90395 028 ***150.00

DOCUMENT # P03000078135					
1. Entity Name AYESH FAMILY, INC.					
Principal Place of Business 2240 PARK 82 DR FT MYERS, FL 33905			Mailing Address 2240 PARK 82 DR FT MYERS, FL 33905		
2. Principal Place of Business - No P.O. Box # 18530 Sunflower Rd.		3. Mailing Address 18530 Sunflower Rd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Fort Myers, FL.		City & State Fort Myers, FL.		4. FEI Number 47-0924657	
Zip 33912		Country		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 SMITH, WILLIAM R 8191 COLLEGE PKWY, STE 204 FT MYERS, FL 33919			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME AYESH, NAHEDA STREET ADDRESS 4800 S 7TH ST CITY-ST-ZIP MILWAUKEE, WI 53221	<input type="checkbox"/> Delete		TITLE 18530 Sunflower Rd. NAME Fort Myers, FL. 33912 STREET ADDRESS Fort Myers, FL. 33912 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME AYESH, RASIM M STREET ADDRESS 4800 S 7TH ST CITY-ST-ZIP MILWAUKEE, WI 53221	<input checked="" type="checkbox"/> Delete		TITLE 18530 Sunflower Rd. NAME Fort Myers, FL. 33912 STREET ADDRESS Fort Myers, FL. 33912 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME AYESH, RASIM M STREET ADDRESS 4800 S 7TH ST CITY-ST-ZIP MILWAUKEE, WI 53221	<input type="checkbox"/> Delete		TITLE President NAME Hathum Ayesh STREET ADDRESS 18530 Sunflower Road CITY-ST-ZIP Ft Myers, FL 33905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME AYESH, RASIM M STREET ADDRESS 4800 S 7TH ST CITY-ST-ZIP MILWAUKEE, WI 53221	<input type="checkbox"/> Delete		TITLE D NAME AYESH, RASIM M STREET ADDRESS 4800 S 7TH ST CITY-ST-ZIP MILWAUKEE, WI 53221	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME AYESH, RASIM M STREET ADDRESS 4800 S 7TH ST CITY-ST-ZIP MILWAUKEE, WI 53221	<input type="checkbox"/> Delete		TITLE D NAME AYESH, RASIM M STREET ADDRESS 4800 S 7TH ST CITY-ST-ZIP MILWAUKEE, WI 53221	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			4-25-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		