2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000081278

1. Entity Name
ABU ARMAN, INC.

FILED
05 JUL 28 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3450 FOWLER STREET UNIT-A&B FORT MYERS, FL 33906	3450 FOWLER STREET FORT MYERS, FL 33906

07062005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 323901 Country	Zip 323901 Country

4. FEI Number 13-4258695 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MONFORTO, LISA J 3450 FOWLER STREET FORT MYERS, FL 33906	Name **STEVE BARGHOUTHI** Street Address (P.O. Box Number is Not Acceptable) **3450 FOWLER STREET** City **FT. MYERS** **FL** Zip Code **33901**

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 SEE SIGNATURE BELOW
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D MONFORTO, LISA J 3450 FOWLER STREET FORT MYERS, FL 33906	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARGHOUTHI, STEVE 3450 FOWLER STREET FORT MYERS, FL 33901	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES MONFORTO, LISA J 3450 FOWLER ST FORT MYERS, FL 33906	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES BARGHOUTHI, STEVE 3450 FOWLER STREET FORT MYERS, FL 33901	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300058477743 08/11/05--01033--003 **550.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] 7-25-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

M. Williams JUL 28 2005

7-25 - rejected - Lisa Monforto must sign.