


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90047 025 \*\*\*150.00

DOCUMENT # P04000110482 1. Entity Name I & M BUSINESS, INC.	
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Principal Place of Business 203 10TH STREET WEST PALMETTO, FL 34221	Mailing Address 203 10TH STREET WEST PALMETTO, FL 34221
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**DO NOT WRITE IN THIS SPACE**



01272006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1416844	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  KABBANI, ISA OMAR 7109 42ND COURT E. SARASOTA, FL 34243
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD KABANI, ISA OMAR 7109 42ND COURT E. SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD KABBANY, MOHAMMED M 7109 42ND COURT E. SARASOTA, FL 34243
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**DO NOT WRITE IN THIS SPACE**

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: <u>Mohammed Kabbonay</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/27/06 Date	Daytime Phone #
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