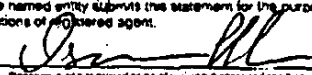
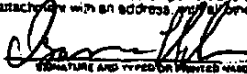


2005 FOR PROFIT CORPORATION ANNUAL REPORT

7/29

FILED
Aug 22, 2005 8:00 am
Secretary of State

07-29-2005 90012 020 ***150.00
08-22-2005 90059 043 ***400.00

DOCUMENT # P04000126164			
1. Entity Name A&E BOCA STATION, INC.			
Principal Place of Business 5899 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33487		Mailing Address 5899 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33487	
2. Principal Place of Business		3. Mailing Address	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent ELSHAMI, OSAMA 5899 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33487		5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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  OSAMA ELSHAMI		DATE 07/25/05	
FILE NOW! FEE IS \$350.00 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	VP ELSHAMI, OSAMA 5899 N. FEDERAL HIGHWAY BOCA RATON, FL 33487 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ABU-ED-DAYEM, RAMI 5899 N. FEDERAL HIGHWAY BOCA RATON, FL 33487 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ELSHAMI, GHADA 5899 N. FEDERAL HIGHWAY BOCA RATON, FL 33487 ☐ 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)(b), 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, and I am duly empowered.			
SIGNATURE:  OSAMA ELSHAMI		DATE 07/25/05 (99) 608-4865	

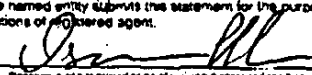
50062558



07/25/05 Chg-P CR2E034 (19/03)

4. FEI Number **84-1656755** Added For
Not Applicable

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

Signature:  **OSAMA ELSHAMI** DATE **07/25/05**

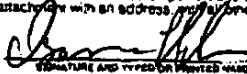
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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SIGNATURE:  **OSAMA ELSHAMI** DATE **07/25/05** (99) 608-4865