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Aug 22, 2005 8:00 am
Secretary of State

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

2005 FOR PROFIT CORPORATION ANNUAL REPORT

7/29

50062558

DOCUMENT # P04000126164

1. Entity Name
A&E BOCA STATION, INC.

Principal Place of Business	Mailing Address
5899 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33487	5899 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33487

07282005 Chg-P CR2E034 (10/03)

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 84-1656755 ☐ 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
ELSHAMI, OSAMA 5899 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33487	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: OSAMA ELSHAMI 07/25/05
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered agent signature required when changing) 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	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
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, and for the like empowered.

SIGNATURE: OSAMA ELSHAMI 07/25/05 (954) 608-4565
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (TITLE OF INDIVIDUAL) Date Daytime Phone #