

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90091 043 \*\*\*150.00



**DOCUMENT # P05000020731**

1. Entity Name  
**FARAH BROTHERS, INC.**

Principal Place of Business  
**1533 CANAL STREET  
 LEHIGH ACRES FL 33972**

Mailing Address  
**1533 CANAL STREET  
 LEHIGH ACRES FL 33972**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State

City & State

4. FEI Number

**20-2332289**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**REYNOLDS, A.B. JR  
 A.B. REYNOLDS ASSOCIATES  
 801 W LEE LAND HEIGHTS BLVD.  
 LEHIGH ACRES FL 33936**

Name

**Steven Farah**

Street Address (P.O. Box Number is Not Acceptable)

**1533 Canal Street**

City

**Lehigh Acres**

FL

Zip Code

**33972**

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: Steven Farah, V.P. ; Steven Farah 1-24-2006  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	REYNOLDS, A.B.	801 W. LEE LAND HEIGHTS	LEHIGH ACRES FL 33936	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P/T	Widad Farah	1533 Canal Street	Lehigh Acres, FL 33972-5316	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V/S	Steven Farah	1533 Canal Street	Lehigh Acres, FL 33972-5316	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Steven Farah, V.P. ; Steven Farah 1-24-2006 239,822,3574  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #