2007 FOR PROFIT CORPORATION ANNUAL REPORT (ÁR)

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

Apr 24, 2007 8:00 am Secretary of State DOCUMENT # P05000020731 1. Entity Name 04-24-2007 90015 005 ***150 00 FARAH BROTHERS, INC. Principal Place of Business Mailing Address 1533 CANAL STREET LEHIGH ACRES FL 33972 1533 CANAL STREET LEHIGH ACRES FL 33972 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 20-2332289 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FARAH, STEVEN Street Address (P.O. Box Number is Not Acceptable) 1533 CANAL ST LEHIGH ACRES FL 33972 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PT VS THUE Delete HHE steveN Change Addition FARAH, WIDAD Farah, NAME NAME street canal 1533 CANAL ST 1533 STREET ADDRESS STREET ADDRESS LEHIGH ACRES FL 33972-5316 C1TY+ST-7IP CUY-ST-7IP VS TITLE Delete THE Change Addition FARAH, STEVEN NAM NAME 1533 CANAL ST STREET ADDRESS STREET ADDRESS LEHIGH ACRES FL 33972-5316 CHY-SI-ZIP CITY-ST-7IP THE ☐ Delete TITUE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITER ☐ Delele TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE 11111 ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CHY-ST-7IP CITY - ST- ZIP THIE ☐ Delete TITLE ☐ Change ■ Addition NAM! NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-ZIP 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

FILED