## 2007 FOR PROFIT CORPORATION -ANNUAL REPORT

## Apr 13, 2007 08:00 AM Secretary of State **DOCUMENT # P05000040896** 1. Entity Name ALRABATSONS COMMERCIAL REAL ESTATE, INC. Principal Place of Business Mailing Address 4945 S ORANGE BLOSSOM TR. 900 W LANCASTER RD ORLANDO, FL 32809 ORLANDO, FL 32839 i kardara kun kuranda kaliji in karada sala in Balajiri kula Ulrajiliki a merak dalamik maliriri berada k 03292007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2547060 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent RABBAT, ABDULLAH DO NOT WRITE 4945 S ORANGE BLOSSOM TR. ORLANDO, FL 32839 IN THIS SPACE 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 aignature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS THTLE U00000704359 04723/07-80008-002 150.00 RABBAT, ABDULLAH NAME STREET ADDRESS 4945 S ORANGE BLOSSOM TR. CITY-ST-7P ORLANDO, FL 32839 TITLE NAME STREET ADDRESS Per Serries de la companya del companya de la companya del companya de la company CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 other like empowered.

SIGNATURE: -

TITE NAME STREET ADDRESS CITY-ST-7P

FILED