## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 30, 2006 8:00 am Secretary of State

DOCUMENT # P05000082620  1. Entity Name MY AMIRA INC						01-30-2006 90075 025 ***150.00				
Principal Plac	e of Business	Mailing Address								
103 S VOLUSIA AV		34 CUNNINGHAM RD								
PIERSON, FL 32180		DEBARY, FL 32713								
					( )	IEI CHA COM COM COM	ENIN <b>Ba</b> nda arna un			
2. Principal Place of Business		3. Mailing Address		•						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01182006	Chg-P	CR2E0	34 (11/05)		
City & State		City & State			4. FEI Number 20	-30048	93	<u> </u>	plied For at Applicable	
Zip	Country Zip Cou		Cour	ntry	5. Certificate of	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Curren	t Registered Agent	<u> </u>	ſ	7. Name and A	ddress of New		<del></del>	-	
				Name						
ABDELJABER, JABER 34 CUNNINGHAM RD			Street Address (P.O. Box Number is Not Acceptable)							
DEBARY,	FL FL 32-713									
			City			FL	Zip Cod	9		
	named entity submits this statement tions of registered agent.	for the purpose of changing its	register	ed office or regi	istered agent, or both.	in the State of F	lorida. I am	familiar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered ages	NAME OF THE PROPERTY OF THE PR	T. Booleton	and Agent signature year	quired when reinstating)	<u>.</u>	DATE			
	Spirature, typed or printed traine or registered age	it and the stappings. (1901	L. Hogistore	o Agent signatura rec	tareo wier ierialadig)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	9. Election Campa Trust Fund Con		naing !	\$5.00 May Be Added to Fees					
10.	OFFICERS AN		11.		ADDITIONS/C	HANGES TO OF	FICERS AND			
TITLE	P, T. ABDELJABER, JABER	☐ Delete	TITL					☐ Change	Addition	
NAME STREET ADDRESS	34 CUNNINGHAM RD			EET ADDRESS						
CITY-ST-ZiP	DEBARY, FL 32713		Cir	r-ST-ZIP						
TITLE	s	☐ Delete	TETL	.E				☐ Change	☐ Addition	
NAME	ABDELJABER, SAMIRA		NAM	_	•					
STREET ADDRESS	34 CUNNINGHAM RD			EET ADDRESS (-ST-ZIP						
CITY-ST-ZIP	DEBARY, FL 32713		<del>-</del>							
TITLE NAME		Delete	TITL					☐ Change	□ Addition	
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP			CITY	r-ST-ZIP						
TITLE		☐ Delete	TITL	.E				☐ Change	☐ Addition	
NAME			NAN							
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS (-ST-ZIP						
TITLE		☐ Delete	TITU					☐ Change	Addition	
NAME		E Delete	NAM							
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP				EET ADORESS Y-ST-ZIP					·	
CITY-ST-ZIP TITLE		☐ Delete	CITY	Y-ST-ZIP .E				☐ Change	Addition	
CITY-\$1-ZIP TITLE NAME		☐ Delete	CITY TITE NAM	Y-ST-ZIP .E ME				Change	☐ Addition	
CITY-ST-ZIP TITLE		☐ Delete	CITY TITE NAM STR	Y-ST-ZIP .E				☐ Change	☐ Addition	

12. I hereby certify that the information supplied with this filling does not quality 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 all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-2006 (386) 749-9256
Date Dayline Prone #