2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 04, 2006 8:00 am Secretary of State DOCUMENT # P05000150004 05-04-2006 90199 015 ***150.00 FARRAJ COMMUNICATIONS, INC. Principal Place of Business Mailing Address 40082836 4847 NW 57TH MANOR 4847 NW 57TH MANOR COCONUT CREEK, FL 33073 COCONUT CREEK, FL 33073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 04262006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-3771341 Not Applicable Zip Country Zip 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 MASEM PARRAJ FARRAJ, MAYSOON 4847 NW 57TH MANOR Street Address (P.O. Box Number is Not Acceptable) COCONUT CREEK, FL 33073 GOWAN AFFE. W.N FUBH YBBAD TUUOOOC 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2006 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE Delete WASEM FARRAJ TITLE M Addition Change FARRAJ, MAYSOON NAME NAME SOORM NAFE. W. N FLBH STREET ADDRESS **4847 NW 57TH MANOR** STREET ADDRESS COCOBUTCREEK, FL 3:3073 COCONUT CREEK, FL 33073 CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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.

FILED

Daytime Phone #