## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000027474

Entity Name: ARABIC SINBAD, INC

FILED Jan 16, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

716 ATLANTIC SHORE BLVD. HALLANDALE, FL 33009

Current Mailing Address: New Mailing Address:

716 ATLANTIC SHORE BLVD. HALLANDALE, FL 33009

FEI Number: 20-4444446 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AL-QURAN, WALID MASOUD, JAMAL 1125 NE 2ND CRT. 1125 NE 2ND CRT.

HALLANDALE, FL 33009 US HALLANDALE, FL 33009 US

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.

SIGNATURE: JAMAL MASOUD 01/16/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P T (X) Change ( ) Addition Name: AL-QURAN, WALID Name: MASOUD, JAMAL

 Name:
 AL-QURAN, WALID
 Name:
 MASOUD, JAMAL

 Address:
 1125 NE 2ND CRT.
 Address:
 1125 NE 2ND CRT.

 City-St-Zip:
 HALLANDALE, FL 33009
 City-St-Zip:
 HALLANDALE, FL 33009

Title: VP ( ) Delete Title: VPS (X) Change ( ) Addition
Name: MASOUD JAMAI Name: KHDFIR BASSAM

 Name:
 MASOUD, JAMAL
 Name:
 KHDEIR, BASSAM

 Address:
 1125 N.E. 2ND CRT.
 Address:
 1125 N.E. 2ND CRT.

 City-St-Zip:
 HALLANDALE, FL 33009
 City-St-Zip:
 HALLANDALE, FL 33009

Title: S (X) Delete Title: ( ) Change ( ) Addition

 Name:
 BREISH, SHÈHAB
 Name:

 Address:
 1125 NE 2ND ST.
 Address:

 City-St-Zip:
 HALLANDALE, FL 33009
 City-St-Zip:

Title: T (X) Delete Title: ( ) Change ( ) Addition

 Name:
 AL-QURAN, WALID
 Name:

 Address:
 1125 NE 2ND CRT.
 Address:

 City-St-Zip:
 HALLANDALE, FL 33009
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMAL MASOUD P 01/16/2007