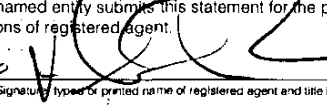
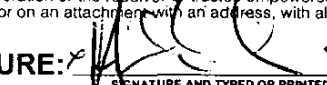


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90179 016 ***150.00

DOCUMENT # P07000052329			
1. Entity Name ABRAS ENTERPRISES INC.			
Principal Place of Business 10331 SUNRISE LAKES BOULEVARD 307 SUNRISE, FL 33322		Mailing Address 10331 SUNRISE LAKES BOULEVARD 307 SUNRISE, FL 33322	
2. Principal Place of Business - No P.O. Box # 1975 E. Sunrise Blvd		3. Mailing Address 1975 E. Sunrise Blvd	
Suite, Apt. #, etc. Suite 609		Suite, Apt. #, etc. Suite 609	
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL	
Zip 33304	Country USA	Zip 33304	Country USA
4. FEI Number 20-8958085		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent RASHID, ABDUL 10331 SUNRISE LAKES BOULEVARD 307 SUNRISE, FL 33322		7. Name and Address of New Registered Agent Name: Abdul Rashid Street Address (P.O. Box Number is Not Acceptable): 1975 E. Sunrise Blvd Ste 609 City: Fort Lauderdale FL Zip Code: 33304	
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:  Abdul Rashid DATE: 4/29/08 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RASHID, ABDUL 10331 SUNRISE LAKES BOULEVARD SUNRISE, FL 33322 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rashid, Abdul ☒ Change ☐ Addition 1975 E. Sunrise Blvd Ste 609 Fort Lauderdale, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby 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 all other like empowered.			
SIGNATURE:  Abdul Rashid		DATE: 4/29/08 754-214-9164	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	