## **2007 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

DOCUMENT # P93000049603

1. Entity Name MUBARAK TRADING CORPORATION, INCORPORATED



Principal Place of Business

Mailing Address

727 MAYFLOWER AVE

FORT WALTON BEACH, FL 32547 US

727 MAYFLOWER AVE FORT WALTON BEACH, FL 32547

FILED Mar 23, 2007 08:00 AM Secretary of State



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03092007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3188480

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MUBARAK, ZIAD 727 MAYFLOWER AVE FORT WALTON BEACH, FL 32547

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<ol> <li>The above named entity submits this statement for the p the obligations of registered agent.</li> </ol>	ourpose of changing its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	If applicable (NOTE Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees	000000676700 03/30/07-80060-016 150.00

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUBARAK, ZIAD 727 MAYFLOWER AVE FORT WALTON BEACH, FL 32547
NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY - ST- ZIP	
NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	

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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:** 

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR