



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 A
Secretary of State

DOCUMENT # P95000001969			
1. Entity Name R.A.R.E. ARABIANS, INC.			
Principal Place of Business 6851 SE 143 CT MORRISTON, FL 32668-5137	Mailing Address 6851 SE 143 CT MORRISTON, FL 32668-5137		
			
		01042008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0525574	Applied For <input checked="" type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			
SCHALLES, LARRY 5728 MAIN ST NEW PT RICHEY, FL 34652			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, FREDERICK L 6851 SE 143 CT MORRISTON, FL 326685137		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, JOY D 6851 SE 143 CT MORRISTON, FL 326685137		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS 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. 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: <u>Joy D. Cox</u> Joy D. Cox 20 Jan 2008 352-528-0151 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			