

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000001969

Entity Name: R.A.R.E. ARABIANS, INC.

FILED
Mar 28, 2009
Secretary of State

Current Principal Place of Business:

6851 SE 143 CT
MORRISTON, FL 326685137

New Principal Place of Business:

Current Mailing Address:

6851 SE 143 CT
MORRISTON, FL 326685137

New Mailing Address:

FEI Number: 65-0525574 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHALLES, LARRY
5728 MAIN ST
NEW PT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COX, FREDERICK L
Address: 6851 SE 143 CT
City-St-Zip: MORRISTON, FL 326685137

Title: D () Delete
Name: COX, JOY D
Address: 6851 SE 143 CT
City-St-Zip: MORRISTON, FL 326685137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: COX, FREDERICK L
Address: 6851 SE 143 CT
City-St-Zip: MORRISTON, FL 326685137

Title: MRS. (X) Change () Addition
Name: COX, JOY D
Address: 6851 SE 143 CT
City-St-Zip: MORRISTON, FL 326685137

I hereby certify that the information supplied with this filing does not qualify 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: FREDERICK L. COX

PRES

03/28/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date