


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000084807</b>	
1. Entity Name <b>RASMI SONS, INC.</b>	

Principal Place of Business <b>5343 WEST IROL BRONSON KISSIMMEE, FL 34746 US</b>	Mailing Address <b>P.O. BOX 66 GOLDENROD, FL 32733 US</b>
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**DO NOT WRITE IN THIS SPACE**



03152004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3341285</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ELMUSA, MAZEN  
2505 TETON STONE RUN  
ORLANDO, FL 32828**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELMUSA, MAZEN 2505 TETON STONE RUN ORLANDO, FL 32828
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03/19/04-80018-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** MAZEN ELMUSA **3/15/04** **407-390-4111**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #