

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000084807

Entity Name: RASMI SONS, INC.

FILED
Feb 13, 2007
Secretary of State

Current Principal Place of Business:

5343 WEST IROL BRONSON
KISSIMMEE, FL 34746 US

New Principal Place of Business:

8135 VINELAND AVENUE
ORLANDO, FL 32821 US

Current Mailing Address:

8135 VINELAND AVENUE
ORLANDO, FL 32821 US

New Mailing Address:

FEI Number: 59-3341285 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELMUSA, MAZEN
2505 TETON STONE RUN
ORLANDO, FL 32828 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: ELMUSA, MAZEN
Address: 2505 TETON STONE RUN
City-St-Zip: ORLANDO, FL 32828

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ELMUSA, MAZEN
Address: 2505 TETON STONE RUN
City-St-Zip: ORLANDO, FL 32828

Title: VP () Change (X) Addition
Name: ELMUSA, DINA
Address: 2505 TETON STONE RUN
City-St-Zip: ORLANDO, FL 32828

I hereby certify that the information supplied with this filing does not qualify for the 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: MAZEN ELMUSA

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02/13/2007

Electronic Signature of Signing Officer or Director

_____ Date