FOR PROFIT CORPORATION

FILED Mar 18, 2004 8:00 am Secretary of State

Daytime Phone #

UNIFURIN BUSINESS REPURT (UBR)					Secretary of State	
DOCUMENT # P96000022706 1. Entity Name					03-18-2004 90047 03	8 ***150.00
Alia Rabah Enterprise:	s Inc					
DO NOT WRITE IN THIS :				CE	24024513	
2. Principal Place of Business 210 Avenue C		3. Mailing Address			l e e a	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State Geneva, FL		City & State			4. FEI Number 59-3366221	Applied For Not Applicable
Zip 32732	Country	Zip	Co	ountry	5. Certificate of Status Desired	\$8.75 Additional Fee Required
					me and Address of Current Registered Agent	
				Name Ali Rabah		
DO NOT WRITE					Street Address (P.O. Box Number is Not Acceptable)	
J.	N THIS SP	ACE		Z TO AVOING C	<u>, </u>	<u>,</u>
				City Geneva	FL	Zip Code 32732
8. The above named	entity submits this sta	atement for the purp	ose of ch	nanging its regis	stered office or registered agent, or	both, in the
State of Florida. I a	am familiar with, and a	accept the obligation	ıs of regi	stered agent.	<u> </u>	,
SIGNATURE	hand or minted name of		Vbla	21075 0-14		
January 1	re, typed or printed name of - May 1 Fee is \$150 (registered agent and title r	if applicable	. (NOTE: Regist	tered Agent signature required when reinstatin	g) DATE
After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			,	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	OFFICERS AN	ND DIRECTORS	11.			
	Director		1 41 / 14 / 14 / 14 / 14 / 14 / 14 / 14	īLE		
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12: I hereby certify that the	ne information supplied v	with this filing does not	qualify for	r the exemption s	stated in Section 119.07(3)(i), Florida Sta	atutes. I further
certify that the inform	ation indicated on this re	eport or supplemental re	report is tro	ue and accurate a	and that my signature shall have the sar	me legal effect
Chapter 607, Florida	Statutes; and that my na	ame appears in Block 1	tion or the 10 or on a	receiver or trusten attachment with	ee empowered to execute this report as h an address, with all other like empowe	required by red.

SIGNATURE: A 5. PLAN 3/11/04 907349 5250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #