## 2006 FOR PROFIT CORPORATION

## **FILED** Apr 10, 2006 08:00 AM

	ANNUAL	REPORT -	*	_	Sacr	etary of State
DOCUMENT # P96000022706					Secr	etary of State
1. Entity Nam ALIA RAE	BAH ENTERPRISE, INC.					
Principal Plac 210 AVENUE GENEVA, FL	C	Maiing Address 210 Avenue C Geneva, Fl 32732			<b>1</b> 880 880 880 880 880 800 8	INITE NATUR NATUR (NATUR ANNO ANNO ANNO ANNO ANNO ANNO ANNO ANN
D	O NOT WRITE	CE	03272006 No Chg-P CR2E034 (11/05)  4. FE\ Number   Applied For   59-3366221   Not Applicable  5. Certificate of Status Desired   \$8.75 Additional			
	6. Name and Address of Current Reg	Tabaua di Amanta	<del></del>	J. Certificate D		Fee Required
RABAH, A 210 AVEN GENEVA,	LI UE C	DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the ions of registered agent.  Suppositive typed or printed name of implatered agent and is	·	ared office or register		, in the State of Florid	da. I am familiar with, and accept
	E NOWILL FEE IS \$150.00 by 1, 2006 Fee will be \$550.00	Election Campaign Fin Trust Fund Contribution	Financing _ \$5.00 Ma			
10.	OFFICERS AND DIF	RECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAMC STREET ADDRESS CSTY-ST-ZIP	D RABAH, ALI 210 AVENUE C GENEVA, FL 32732	<u> </u>			U000 04/22/01	00496921 6-80033-003 150.00
NAME STREET ADDRESS CHY-SI-ZIP THE NAME STREET ADDRESS			DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS			-1			

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: \_

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED HAME OF SIGNING OFFICER ON DIRECTOR

4/7/06 4073650506
Date Daytime Phora #