

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P96000086354

FILED
Jul 23, 2009
Secretary of State**Entity Name:** ARAB AMERICAN BUSINESS & INVESTORS CORPORATION**Current Principal Place of Business:**4545 N.W. 103 AVE
SUITE 203
SUNRISE, FL 33351 US**New Principal Place of Business:****Current Mailing Address:**2159 CLEARWATER LAKE DR.
HENDERSON, NV 89044 US**New Mailing Address:****FEI Number:** 52-1220929**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ARZAPALO, R
4545 N.W. 103 AVE
SUNRISE, FL 33351 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

OFFICERS AND DIRECTORS:**Title:** VP () Delete
Name: ARZAPALO, R.
Address: 4545 NW 103 AVE.
City-St-Zip: SUNRISE, FL 33351**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PRES (X) Change () Addition
Name: ELIA, SOUHEIL E DR.
Address: 2159 CLEARWATER LAKE DR.
City-St-Zip: HENDERSON, NV 89044 US**Title:** SECR () Change (X) Addition
Name: CASTANON, KATHLEEN J
Address: 2159 CLEARWATER LAKE DR
City-St-Zip: HENDERSON, NV 89044 US

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: DR. SOUHEIL E. ELIA

PRES

07/23/2009

Electronic Signature of Signing Officer or Director

Date