

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90042 024 ***150.00

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1. Entity Name
ABBOUD TRADING CORP.



Principal Place of Business

1407 NW 84 AVE
MIAMI, FL 33126

Mailing Address

1407 NW 84 AVE
MIAMI, FL 33126

2. Principal Place of Business

1401 NW 88 AVE

3. Mailing Address

1401 NW 88 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33172

Country

Zip

33172

Country

01192005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0715560

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHOMAR, JOSEPH
17439 NW 66 COURT
MIAMI, FL 33015

7. Name and Address of New Registered Agent

Name SHOMAR, JOSEPH

Street Address (P.O. Box Number is Not Acceptable)

7777 NW 146 St

City MIAMI LAKES

FL

Zip Code 33016

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME ABBOUD, ROGER
STREET ADDRESS 1407 NW 84 AVE
CITY-ST-ZIP MIAMI, FL 33126

TITLE DV ☐ Delete
NAME ABBOUD, GHASSAN
STREET ADDRESS 1407 NW 84 AVE
CITY-ST-ZIP MIAMI, FL 33126

TITLE DST ☒ Delete
NAME ABBOUD, IMAD
STREET ADDRESS 1407 NW 84 AVE
CITY-ST-ZIP MIAMI, FL 33126

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

GHASSAN ABBOUD

GHASSAN ABBOUD

Date

01/19/05

Daytime Phone #

305 471-7755