

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90355 046 ***150.00

DOCUMENT # P97000018276



1. Entity Name
ENGRAVABLE ENTERPRISES, INC.

Principal Place of Business
**SAWGRASS MALL
12801 W SUNRISE BLVD.
SUNRISE, FL 33322 US**

Mailing Address
**2491 NW 98TH AVE.
SUNRISE, FL 33322**

DO NOT WRITE IN THIS SPACE



02272006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0732278	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BARI, ABDUL S
2491 NW 98TH AVE
SUNRISE, FL 33322**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BARI, ABDUL S
STREET ADDRESS	2340 NW 94TH WAY
CITY - ST - ZIP	SUNRISE, FL 33322

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ABDUL S BARI

02/26/06

Date

954-845 2822

Daytime Phone #

ATTACHMENT

40550129

P97000018276

INSTRUCTIONS FOR:

FORM (UBR) UNIFORM BUSINESS REPORT

DUE: 05-01-2006

FEE DUE: \$150.00

PAYABLE TO: DEPARTMENT OF STATE

SIGNATURE ON PAGE ONE

MAIL ORIGINAL RETURN TO:

DIVISION OF CORPORATIONS
POST OFFICE BOX 1500
TALLAHASSEE FLORIDA 32312-1500

GEORGE S TOLLEY, JR.