FROM :

FAX NO. :

FILED
May 16, 2007 8:00 am
Secretary of State
05-16-2007 90023 005 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000018276

1. Entity Name
ENGRAVABLE ENTERPRISES, INC.

40114716

Principal Place of Business	Mailing Address
SAWGRASS MALL 12801 W SUNRISE BLVD. SUNRISE, FL 33322 US	2491 NW 98TH AVE. SUNRISE, FL 33322

DO NOT WRITE IN THIS SPACE

0' 172007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0732278
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 ... the obligations of registered agent.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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~~ 2491 NW 98TH AVE.
CITY-ST-ZIP	SUNRISE, FL 33322
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ ABDUL S BARI 04/28/07 (954) 746-8997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #