

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000081873

1. Entity Name
R U N D, INC.



Principal Place of Business
2751 W ATLANTIC BLVD.
POMPANO BEACH, FL 33069

Mailing Address
2751 W ATLANTIC BLVD.
POMPANO BEACH, FL 33069

FILED
05 FEB 23 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/21/05 90091 024-\$150.00



01142005 No Chg-P CR2E034 (10/03) TR

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0947565 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SALAMEH, MOHAMMAD
2751 W ATLANTIC BLVD.
POMPANO BEACH, FL 33069

**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] (NOTE: Registered Agent signature required when reinstating) DATE: 1/17/05

**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 PD
NAME SALAMEH, MOHAMMAD
STREET ADDRESS 11797 WATERCREST LN
CITY-ST-ZIP BOCA RATON, FL 33498

TITLE VD
NAME NASR, NUHA
STREET ADDRESS 11797 WATERCREST LN
CITY-ST-ZIP BOCA RATON, FL 33498

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: [Signature] MOHAMMAD SALAMEH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/05 954-214-2523
Date Daytime Phone #