2006 FOR PROFIT CORPORATION ANNUAL REPOST, (AR)

SIGNATURE:

| DOCUMENT # V17412 1. Entity Name MAHYOUB AND SONS, INC. | | | | Mar 15, 2006 08:00 AM Secretary of State |
|--|--|---|--|---|
| Principal Plac | e of Business | Mailing Address | | |
| Principal Place of Business 2600 N OCEAN BLVD POMPANO BEACH FL 33062 | | 2600 N OCEAN BLY POMPANO BEACH | /D FL 33062 | |
| 2. Principal Place of Business | | 3. Mailing Address | | *** Carl State (Sal Sal Sal Sal Sal Sal Sal Sal Sal Sal |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 1st MOORE CR2E034 (10/05) |
| City & State | | City & State | | 4. FEI Number 65-0315197 Applied For Not Applied For |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired S8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | | Name | 7. Name and Address of New Registered Agent |
| YATAK, NAZHA 2600 N OCEAN BLVD POMPANO BEACH FL 33060 | | | Street Address | (P.O. Bax Number is Nat Acceptable) |
| | | | Спу | FL Zip Code |
| | named entity submits this statement tions of registered agent. | for the purpose of changing | its registered office or regist | ered agent, or both, in the State of Florida. I am farmiliar with, and accept |
| SIGNATURE . | | | | ed when remalaini) DATE |
| F | Signature, typed or printed name of registered agriculta. NOW!!! FEE JS \$150.00 | ent and life is applicable (I | NOTE Registered Agent signature requir | |
| After | May 1, 2006 Fee Will Be \$550. k Payable to Florida Department | | | 9. Election Campaign Financing \$5.00 May E Trust Fund Contribution. Added to Fees |
| 10. | | ID DIRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE NAME | PVD YATAK, NAZHA | Delete | TIBLE NAME | ☐ Change ☐ A400 U00000467805 03/24/06-80006-005 150.00 |
| STREET AODRESS CITY-ST-ZIP | 2600 N OCEAN BLVD POMPANO BEACH FL 33062 | | STREET ADORESS CITY-ST-ZIP | 03/24/06-80006-005 150.00 |
| TITLE | ST | ☐ De/ete | TITLE | Change A-400 |
| NAME STREET ADDRESS | 2600 N OCEAN BLVD | | name Striet address | |
| CITY-ST-ZIP | POMPANO BEACH FL 33060 | ☐ Delate | CITY-SI-ZIP TILE | ☐ Change ☐ A≪** |
| HAME STREET ADDRESS | | - | NAME STHEET ADDRESS | _ · _ |
| City-St-Zip | | | CITY-ST-ZIP | |
| TITLE NAME | | ☐ Defete | TITLE NAME | ☐ Change ☐ Additi |
| STREET ADDRESS | | | STREET AODRESS | |
| TILE | | ☐ Delete | CITY-SI-ZIP THE | ☐ Change ☐ A.i.*** |
| NAME | | | NAME CARELA ANDRECC | |
| STREET ADDRESS CHY-S1-ZIP | | | STREET ADDRESS CITY-ST-ZIP | _ |
| TITLE | | Delete | TITLE NAME | ☐ Change ☐ Add ^(*) |
| STREET ADDRESS | | | STREET ADDRESS | |
| CiTY-ST-ZIP | cartifu that the information avented | with this files does not cost | CITY-ST-ZIP | ned in Section 119, Florida Statutes, I further certify that the information |
| indicatéd of the co | t on this conget or augmalamental report | rt is true and accurate and the impowered to execute this re | at my signature shall have the sport as required by Chapter | ted in Section 119, Front a statute 3. Tutting to Gray the monthler or of media e same legal effect as if made under oath, that I am an officer or direction 607, Florida Statutes; and that my name appears in Block 10 or Block 1 |

FILED

NAZHA 400 3-13-00 99/650 3030