


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # V20614
 1. Entity Name
IBRAHIM CORPORATION



Principal Place of Business
**20843 VIA MADIRA
 BOCA RATON, FL 33433**

Mailing Address
**20843 VIA MADIRA
 BOCA RATON, FL 33433**



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0319448

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**IBRAHIM, SOBHY G.
 20843 VIA MADIRA
 BOCA RATON, FL 33433**

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000786140
 01/17/08-80029-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	IBRAHIM, SOBHY G.
STREET ADDRESS	20843 VIA MADIRA
CITY-ST-ZIP	BOCA RATON, FL
TITLE	D
NAME	IBRAHIM, GANET M.
STREET ADDRESS	20843 VIA MADIRA
CITY-ST-ZIP	BOCA RATON, FL
TITLE	D
NAME	IBRAHIM, MAHA S.
STREET ADDRESS	20843 VIA MADIRA
CITY-ST-ZIP	BOCA RATON, FL
TITLE	D
NAME	IBRAHIM, MARY S.
STREET ADDRESS	20843 VIA MADIRA
CITY-ST-ZIP	BOCA RATON, FL
TITLE	D
NAME	IBRAHIM, MONA S.
STREET ADDRESS	20843 VIA MADIRA
CITY-ST-ZIP	BOCA RATON, FL
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: S. G. Ibrahim Date: 1-12-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #