

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Feb 19, 2004 08:00 AM  
Secretary of State

DOCUMENT # V26871

1. Entity Name  
RAMI & RIAD, INC.



Principal Place of Business

2791 S CONGRESS AVE  
LK WORTH, FL 33461 US

Mailing Address

212 GREENBRIAR DR.  
PALM SPRINGS, FL 33461 US



02142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0370881

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

EID, FADEL  
212 GREENBRIER DRIVE  
PALM SPRINGS, FL 33461

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000057462  
02/19/04-20063-005 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
EID, RAMI  
212 GREENBRIER DRIVE  
PALM SPRINGS, FL 33461

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
EID, RANDA  
212 GREENBRIER DRIVE  
PALM SPRINGS, FL 33461

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
EID, RIMA  
212 GREENBRIAR DR.  
PALM SPRINGS, FL 33461

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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: *Rami Eid*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-04 561-433-0070  
Date Daytime Phone #