

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V26871

Entity Name: RAMI & RIAD, INC.

FILED  
May 01, 2008  
Secretary of State

**Current Principal Place of Business:**

212 GREENBRIER DR  
PALM SPRINGS, FL 33461 US

**New Principal Place of Business:**

**Current Mailing Address:**

212 GREENBRIER DR.  
PALM SPRINGS, FL 33461 US

**New Mailing Address:**

FEI Number: 65-0370881      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EID, FADEL  
212 GREENBRIER DRIVE  
PALM SPRINGS, FL 33461 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: EID, RAMI  
Address: 212 GREENBRIER DRIVE  
City-St-Zip: PALM SPRINGS, FL 33461

Title: VP (X) Delete  
Name: EID, RANDA  
Address: 212 GREENBRIER DRIVE  
City-St-Zip: PALM SPRINGS, FL 33461

Title: T (X) Delete  
Name: CIVILLE, RIMA  
Address: 212 GREENBRIER DR.  
City-St-Zip: PALM SPRINGS, FL 33461

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMI F EID

DP

05/01/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date