

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000001297	
1. Entity Name FIRST AMERICAN CORPORATION	

Principal Place of Business 17079 DARLINGTON CT BOCA RATON, FL 33496 OC	Mailing Address 17079 DARLINGTON CT BOCA RATON, FL 33496 OC
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 31-1304714	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FINKELSTEIN, MORT
17079 DARLINGTON COURT
BOCA RATON, FL 33496**

**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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable DATE

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
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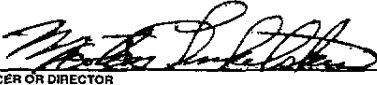
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MALIK, ABDUL MAIN DASKA ROAD SIALKOT, PAKISTAN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MALIK, SAMAD MAIN DASKA ROAD SIALKOT, PAKISTAN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FINKELSTEIN, MORTON 17079 DARLINGTON CT BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GHAFOR, MARISA MAIN DASKA ROAD SIALKOT, PAKISTAN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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01/11/05-80062-005 150.00

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: MORTON FINKELSTEIN  **1-6-05 561 4887949**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #