2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002461

FILED Apr 05, 2004 Secretary of State

Entity Name: AFTAB AND GUL CUMBER FAMILY FOUNDATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
0100 WE	ST SAMPLE RO	DAD			
STE 205		205			
JURAL SI	PRINGS, FL 330	Job			
Current M	lailing Address	::	New Mailing Addres	ss:	
0100 WE	ST SAMPLE RO)AD			
STE 205 CORAL SI	PRINGS, FL 330	065			
	: 31-1597499	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:	Name and Address	of New Registered Agent:	
STE 205 CORAL SI	ST SAMPLE RC PRINGS, FL 330 named entity su	065 US	purpose of changing its register	ed office or registered agent, or both,	
TIC GDOVC	marrica criticy 30	abilities tille statement for the	purpose or changing its register	ca office of registered agent, of both,	
n the State	e of Florida.				
n the State SIGNATUI					
	RE:	c Signature of Registered Ag	ent	Date	
SIGNATUI	RE:			Date BES TO OFFICERS AND DIRECTOR	
SIGNATUI	RE: Electronic S AND DIRECT	ORS: Delete B A LE RD, STE 205			
DFFICER: itle: ame: ddress:	RE: Electronic S AND DIRECT D () [CUMBER, AFTAE 10100 W SAMPL CORAL SPRINGS	ORS: Delete 3 A LE RD, STE 205 S, FL 33065 Delete	ADDITIONS/CHANG Title: Name: Address:	SES TO OFFICERS AND DIRECTOR	
DFFICER: itle: ame: ddress: ity-St-Zip: itle: ame: ddress:	Electronic S AND DIRECT D () [CUMBER, AFTAE 10100 W SAMPL CORAL SPRINGS D () [CUMBER, GUL A 10100 W SAMPL CORAL SPRINGS	ORS: Delete 3 A LE RD, STE 205 S, FL 33065 Delete LE RD, STE 205 S, FL 33065 Delete OUSEF J E, STE 201	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTOR:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AFTAB CUMBER D 04/05/2004