

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90143 024 ***150.00

DOCUMENT # P00000095607

1. Entity Name
MAKHDOOM CORPORATION



Principal Place of Business
**18350 NW 47TH AVE.
MIAMI FL 33055
US**

Mailing Address
**6602 SW 61ST TERRACE
SOUTH MIAMI FL 33143-8109
US**



2. Principal Place of Business
1280 W - 54th Street,

3. Mailing Address
1280 W - 54th Street,

Suite, Apt. #, etc.
APT # B 301

Suite, Apt. #, etc.
APT # B 301

CHECK HERE IF MAKING CHANGES

City & State
HALEAH FLORIDA

City & State
HALEAH FLORIDA

4. FEI Number **65-1051291** Applied For
Not Applicable

Zip **33012** Country **US** Zip **33012** Country **US**

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

6. Name and Address of Current Registered Agent
**AHMED, SAMI E.
18350 NW 47TH AVE.
MIAMI FL 33055**

7. Name and Address of New Registered Agent
Name **AHMED, SAMI**
Street Address (P.O. Box Number is Not Acceptable)
**1280 W - 54th Street,
APT # B-301**
City **HALEAH** FL Zip Code **33012**

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]* **(SAMI AHMED, DIRECTOR)** **02-20-2003**
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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AHMED, SAMI 18350 NW 47TH AVE. MIAMI FL 33055	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			D AHMED, SAMI 1280 W - 54th STREET, APT # B301 HALEAH - FL - 33012
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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: *[Signature]* **(SAMI AHMED, DIRECTOR)** **02-20-2003 - 305 456 7080**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)