

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90071 047 \*\*\*150.00

**DOCUMENT # P02000018059**

1. Entity Name  
786 MAHUM INC.



Principal Place of Business  
19850 NW 83RD AVE  
HIALEAH, FL 33015

Mailing Address  
13350 NW 27TH AVE  
OPA LOCKA, FL 33054

**24051754**

2. Principal Place of Business  
91200 Overseas Highway  
Suite, Apt. #, etc.  
Box #5

3. Mailing Address  
20810 W Dixie Hwy  
Suite, Apt. #, etc.

City & State  
Tavernier, FL  
Zip  
33070  
Country  
US

City & State  
NMB, FL  
Zip  
33180  
Country  
US

04012004 Chg-P CR2E034 (10/03)

4. FEI Number  
01-0607073  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

FAROOQ, UMAR  
815 SW 26TH CT.  
FT. LAUDERDALE, FL 33315

**7. Name and Address of New Registered Agent**

Name  
Umar Farooq  
Street Address (P.O. Box Number is Not Acceptable)  
19850 NW 83rd Ave  
City  
Miami Lakes  
FL  
Zip Code  
33015

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

**10. OFFICERS AND DIRECTORS**

TITLE  
PD  
NAME  
FAROOQ, UMAR  
STREET ADDRESS  
19800 NW 83RD AVE  
CITY-ST-ZIP  
FORT LAUDERDALE, FL 33316 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
PD  
NAME  
FAROOQ, UMAR  
STREET ADDRESS  
19850 NW 83rd Ave  
CITY-ST-ZIP  
Miami Lakes, FL 33015 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #