

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2005 8:00 am
Secretary of State

08-05-2005 90003 046 ***150.00

DOCUMENT # P03000002716

1. Entity Name
SHAD ARCADE, INC.



Principal Place of Business Mailing Address
827 SOUTHERN BLVD. **827 SOUTHERN BLVD.**
WEST PALM BEACH, FL 33405 **WEST PALM BEACH, FL 33405**

50060105



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

07062005 Chg-P CR2E034 (10/03)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
27-0041256 Not Applicable

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

6. Name and Address of Current Registered Agent

AJINKYA, ARVIND B
827 SOUTHERN BLVD.
WEST PALM BEACH, FL 33405

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	AHMED, TALHA	
STREET ADDRESS	827 SOUTHERN BLVD.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AHMED, ZUBAIR	
STREET ADDRESS	827 SOUTHERN BLVD.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AHMED, SALMAN	
STREET ADDRESS	827 SOUTHERN BLVD	
CITY-ST-ZIP	W.P.B, FL 33405	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Salman Ahmed* **SALMAN AHMED** **8-2-05** **(561) 312-5940**

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