


FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90444 005 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

50014871

DOCUMENT # P05000098509			
1. Entity Name N.A. AZIZ, INC.			
Principal Place of Business 511 FORREST DRIVE MIAMI SPRINGS, FL 33166		Mailing Address 511 FORREST DRIVE MIAMI SPRINGS, FL 33166	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 511 Forrest Dr.		Suite, Apt. #, etc. 511 Forrest Dr.	
City & State Miami Springs, FL		City & State Miami Springs, FL	
Zip 33166		Country U.S.A.	
4. FEI Number 04-3820930		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AHMED, ALIYA 511 FORREST DRIVE MIAMI SPRINGS, FL 33166		7. Name and Address of New Registered Agent Name: N/A 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: _____ DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P AHMED, NASIR 511 FORREST DRIVE MIAMI SPRINGS, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T AHMED, ALIYA 511 FORREST DRIVE MIAMI SPRINGS, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S SWATI, SOHAL 511 FORREST DRIVE MIAMI SPRINGS, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Aliya Ahmed (ALIYA AHMED)</u>		Date: <u>04/18/06</u>	