


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90074 049 ***150.00

DOCUMENT # P93000041623

1. Entity Name
ZULEKHA, INC.



Principal Place of Business 1408 S POWERLINE RD POMPAÑO BEHA, FL 33069 US	Mailing Address 1408 S POWERLINE RD POMPAÑO BEACH, FL 33069 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01112005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0423196	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MAJID. AFZAL 767 S. State Road 7 Suite 13 Margate, Fl. 33068	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
 After May 1, 2005 Fee will be \$550.00**

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 MAJID, AFZAL 1408 S POWERLINE RD POMPAÑO BEACH, FL <input type="checkbox"/> Delete	TITLE DPT NAME STREET ADDRESS CITY-ST-ZIP	Majid, Afzal 767 S. State Road 7 Suite 13 Margate, FL. 33068 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAJID, SHAFI 1408 S POWERLINE RD POMPAÑO BEACH, FL <input type="checkbox"/> Delete	TITLE DV 'S NAME STREET ADDRESS CITY-ST-ZIP	Majid, Shafi 767 S. State Road 7 Suite 13 Margate, FL. 33068 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAJID, RUKCHANA S 1408 S POWERLINE RD POMPAÑO BEACH, FL 33069 <input type="checkbox"/> Delete	TITLE DV NAME STREET ADDRESS CITY-ST-ZIP	Majid, Rukchana S. 767 S. State Road 7 Suite 13 Margate, FL. 33068 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAJID, RAZIA A 1408 S POWERLINE RD POMPAÑO BEACH, FL 33069 <input type="checkbox"/> Delete	TITLE DV NAME STREET ADDRESS CITY-ST-ZIP	Majid, Razia 767 S. State Road 7 Suite 13 Margate, FL 33068 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADNAN, MAJID 1408 S POWELINE RD POMPAÑO BEACH, FL 33069 <input type="checkbox"/> Delete	TITLE DV NAME STREET ADDRESS CITY-ST-ZIP	Majid, Adnan A. 767 S. State Road 7 Suite 13 Margate, FL. 33068 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 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

AFZAL MASID

Date

1-19-05

Daytime Phone #

954-978-9722