2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 06, 2007 8:00 am Secretary of State 04-06-2007 90035 010 ***150.00 DOCUMENT # P93000041623 1. Entity Name ZULEKHA, INC. 40051967 Principal Place of Business Mailing Address 1408 S POWERLINE RD 1408 S POWERLINE RD POMPANO BEHA, FL 33069 POMPANO BEACH, FL 33069 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5796 Suite, Apt. #, etc. Suite, Apt. #, etc. 02272007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For SPRINGS, FL. CORAL 65-0423196 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33067-4015 BROWARD 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHAFI MAJID MAJID, AFZAL Street Address (P.Q. Box Number is Not Acceptable) 767 S STATE ROAD 7 SUITE 13 5796 NW 48th DR. MARGATE, FL 33068 ORAL SPRINGS FL 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. 4 - 4 -07 DATE SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE DPT ☐ Change ☐ Addition ☐ Delete TITLE MAJID, AFZAL NAME NAME STREET ADDRESS 767 S STATE ROAD 7, SUITE 13 STREET ADDRESS 796 NW 48th DR. CITY-ST-ZIP MARGATE, FL 33068 CITY-ST-ZIP CORAL SPRINCIS, FL. 33067-4015 TITL F DVS ☐ Delete TITLE Change Addition NAME MAJID, SHAFI NAME 5796 NW 48th DR. STREET ADDRESS 767 S STATE ROAD 7, SUITE 13 STREET ADDRESS CORAL SPRINGS, FL. 33067-4015 CITY-ST-ZIP MARGATE, FL 33068 CITY-ST-ZIP DΛ TITLE ☐ Delete MAJID, RUKSHANA MAJID, RUKCHANA S NAME NAME STREET ADDRESS 767 S STATE ROAD 7, SUITE 13 STREET ADDRESS 5796 NW 48# DR. SPRINGS, FL. 33067-4015 CITY-ST-ZIP MARGATE, FL 33068 CITY-ST-ZIP TITLE DΛ TITLE Delete MAJID, RAZIA A NAME NW 48th DR. 5796 STREET ADDRESS 767 S STATE ROAD 7, SUITE 13 STREET ADDRESS CITY-ST-ZIP MARGATE, FL 33068 CITY-ST-ZIP CORAL SPRINGS, FL. 33067-4015 ☐ Delete Change Addition TITLE TITLE ADNAN, MAJID NAME NAME NW 4XK 5796 767 S STATE ROAD 7, SUITE 13 STREET ADDRESS STREET ADDRESS SPRINGS, FL- 33067-4015 CITY-ST-ZIP MARGATE, FL 33068 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-07 Date

954-818-5507

Daytime Phone #

FILED