


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000041623 1. Entity Name ZULEKHA, INC.	
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FILED
Jul 22, 2008 08:00 AM
Secretary of State

Principal Place of Business 1408 S POWERLINE RD POMPANO BEHA, FL 33069 US	Mailing Address 5796 NW 48TH DR CORAL SPRINGS, FL 33067 US
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07172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0423196	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MAJID, SHAFI 5796 NW 48TH DR CORAL SPRINGS, FL 33067-6015	DO NOT WRITE IN THIS SPACE
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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.

07/22/08-80002-019 150.00

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MAJID, AFZAL 5796 NW 48TH DR CORAL SPRINGS, FL 330674015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MAJID, SHAFI 5796 NW 48TH DR CORAL SPRINGS, FL 330674015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MAJID, RUKSHANA S 5796 NW 48TH DR CORAL SPRINGS, FL 330674015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MAJID, RAZIA A 5796 NW 48TH DR CORAL SPRINGS, FL 330674015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ADNAN, MAJID 5796 NW 48TH DR CORAL SPRINGS, FL 330674015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____

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07/22/08-80002-019 150.00

DO NOT WRITE
 IN THIS SPACE

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: _____ 7-18-08

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