FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT May 12 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS P97000022037 (0) **DOCUMENT #**1. Corporation Name SHAHEED AGENCY, INC Principal Place of Business Mailing Address 1515 NW 167TH ST. SUITE 110X 1515 NW 167TH ST. SUITE 110X MIAMI FL 33169 MIAMI FL 33169 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 03/05/1997 28. Mailing Address 26. 1515 NW 167Th 57 4. FEI Number Applied For 65-0739494 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired [10X 110X Fee Required City & State MIQMI City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Country 8. This corporation owes or has paid the current year Inlangible Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 81 Name SHAHEED, HAKIM A SHAHEED 598 SW 181ST WAY 82 Street Address (P.Q. Box Nun PEMBROKE PINES FL 33029 83 Zip Code 33029 84 Pembroke 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am [amiliac with, and accept the obligations of Soction 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1.1 TITLE ☐ Change NAME 1.2 NAME HAKIM A SHAHOOD STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP CITY - ST - ZIP DELETE TITLE 2.1 TITLE Сһалре ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition 31 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE 4.1 TITLE ___ Addition TITLE NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change ☐ Addition NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Channe Addition TITLE 6.1 TITLE

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address. 4-21-98 305 625-3127 **SIGNATURE:**

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS