

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000020250

1. Entity Name  
BANA, INC.



Principal Place of Business  
6705 N ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32810

Mailing Address  
8955 WYMORE RD  
1935A  
ALTAMONTE SPRINGS, FL 32714



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3649930 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

MAHER ALI, DILSHAD  
895 S WYMORE RD  
APT #1935A  
ALTAMONTE SPRINGS, FL 32714

**DO NOT WRITE  
IN THIS SPACE**

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

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

(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

U00000355064  
05/03/05-80132-015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	MAHER-ALI, DILSHAD L
STREET ADDRESS	895 S WYMORE RD 935A
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	VD
NAME	ALI, JAMIL M
STREET ADDRESS	6705 N ORANGE BLOSSOM TRAIL
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *Sanjiv V. P.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-29-05 (407) 298410  
Date Daytime Phone #