2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004461

DEEN, SALIMA

4269 SW 50TH STREET

FT. LAUDERDALE, FL 33314

Name:

Address:

City-St-Zip:

FILED Apr 29, 2006 Secretary of State

Entity Nar	ne: AL-HIKN	MAT SERVICES, INC.			
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	2ND TERR. FL 33023	US			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	2ND TERR. FL 33023	US			
FEI Number:	65-0417222	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
2205 SW 6	T, MOHAMEI 2ND TERR. FL 33023	US			
The above in the State		v submits this statement for the pu	urpose of changing its registe	red office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	onic Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (MOHAMED, S PO BOX 6277 HOLLYWOOI	7 N/A	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (MOHAMED, S PO BOX 6277 HOLLYWOOI	7 N/A	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DEEN, MEER 4269 SW 501		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	TD () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: SHAFAYAT MOHAMED PD 04/29/2006