

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90005 045 ***158.75

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1. Entity Name
AMERICAN GLITTERS INC.



Principal Place of Business
**21 BLUE DEVIL LANE
HAMILTON, NJ 08619**

Mailing Address
**1272 NW 98TH TERRACE
PEMBROKE PINES, FL 33024**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address **C/O HEYS USA INC**

Suite, Apt. #, etc.

Suite, Apt. #, etc.
7950 NW 77 STR. BLDG C, #1

04292007 Chg-P CR2E034 (12/06)

City & State

City & State
MEDLEY

4. FEI Number
562 345 519

Applied For
Not Applicable

Zip

Country

Zip

Country

33166

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEW
REGD
AGENT**

Name **HABIBAH YAHYA SHIEKH**
Street Address (P.O. Box Number is Not Acceptable) **C/O HEYS USA INC,**
7950 N.W. 77th STREET, BLDG C, Suite T
City **MEDLEY** FL Zip Code **33166**

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

April 29th - 2007

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **S** ☒ Delete
NAME **RAFIQ, MASOOD**
STREET ADDRESS **1272 NW. 98TH TERRACE**
CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

TITLE **C** ☐ Delete
NAME **BATLA, MUHAMMAD SHAFI**
STREET ADDRESS **21 BLUE DEVIL LANE**
CITY-ST-ZIP **HAMILTON, NJ 08619**

TITLE **VC** ☐ Delete
NAME **BATLA, ASIYA MARYAM**
STREET ADDRESS **21 BLUE DEVIL LANE**
CITY-ST-ZIP **HAMILTON, NJ 08619**

TITLE **D** ☐ Delete
NAME **BATLA, MAHMOOD SHAFI**
STREET ADDRESS **21 BLUE DEVIL LANE**
CITY-ST-ZIP **HAMILTON, NJ 08619**

TITLE **D** ☐ Delete
NAME **BATLA, DAWOOD SHAFI**
STREET ADDRESS **21 BLUE DEVIL LANE**
CITY-ST-ZIP **HAMILTON, NJ 08619**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29th 2007 **905565 8100**
X 20

Date

Daytime Phone #