

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

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

05-01-2007 90005 045 \*\*\*158.75

**DOCUMENT # F06000007276**  
 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 #  
 Suite, Apt. #, etc.

3. Mailing Address **C/O HEYS USA INC**  
 Suite, Apt. #, etc. **7950 NW 77 STR. BLDG C, #1**

City & State  
**MEDLEY**

Zip  
**33166**

Country  
**USA**



04292007 Chg-P CR2E034 (12/06)

4. FEI Number  
**562 345 519**

Applied For  
 Not Applicable

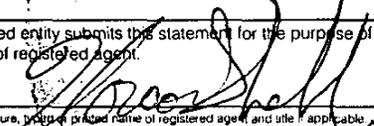
5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent  
 Name **HABIB YAHYA SHIEKH**  
 Street Address (P.O. Box Number is Not Acceptable) **C/O HEYS USA INC,**  
**7950 N.W. 77<sup>th</sup> STREET, BLDG C, SUITE T**  
 City **MEDLEY** FL Zip Code **33166**

**NEW REGD AGENT** →

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  DATE **April 29<sup>th</sup> - 2007**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

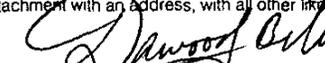
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAFIQ, MASOOD 1272 NW. 98TH TERRACE PEMBROKE PINES, FL 33024 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BATLA, MUHAMMAD SHAFI 21 BLUE DEVIL LANE HAMILTON, NJ 08619 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BATLA, ASIYA MARYAM 21 BLUE DEVIL LANE HAMILTON, NJ 08619 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATLA, MAHMOOD SHAFI 21 BLUE DEVIL LANE HAMILTON, NJ 08619 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATLA, DAWOOD SHAFI 21 BLUE DEVIL LANE HAMILTON, NJ 08619 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **April 29<sup>th</sup> 2007** 905565 8100 x 20

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