


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90111 018 ***150.00

DOCUMENT # L37949	
1. Entity Name NORTH 786 INC.	

Principal Place of Business 975 SW 24TH ST STATE RD 84 FT LAUDERDALE, FL 33012 US	Mailing Address 975 SW 24 ST SR 84 FT LAUDERDALE, FL 33012 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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402-



03222007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0174995	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KARIM, MOHAMMED H 13822 NW 11TH COURT PEMBROKE PINES, FL 33028-2352
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	KARIM, MOHAMMED H OFFICER
STREET ADDRESS	13822 NW 11TH COURT
CITY-ST-ZIP	PEMBROKE PINES, FL 330282352
TITLE	VP <input type="checkbox"/> Delete
NAME	KARIM, SUMAIRA OFFICER
STREET ADDRESS	13822 NW 11TH COURT
CITY-ST-ZIP	PEMBROKE PINES, FL 330282352
TITLE	VP <input type="checkbox"/> Delete
NAME	KARIM, SARA OFFICER
STREET ADDRESS	13822 NW 11TH COURT
CITY-ST-ZIP	PEMBROKE PINES, FL 330282352
TITLE	VP <input type="checkbox"/> Delete
NAME	KARIM, SABRINA OFFICER
STREET ADDRESS	13822 NW 11TH COURT
CITY-ST-ZIP	PEMBROKE PINES, FL 330282352
TITLE	VP <input type="checkbox"/> Delete
NAME	KARIM, NAFISA OFFICER
STREET ADDRESS	13822 NW 11TH COURT
CITY-ST-ZIP	PEMBROKE PINES, FL 330282352
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	HUSSIA, AMIR
STREET ADDRESS	975 SW 24TH STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>M. H. Karim</u>	4/1/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	