2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# L37949

Entity Name: NORTH 786 INC.

Current Principal Place of Business:

975 SW 24TH ST
STATE RD 84
FT LAUDERDALE, FL 33012 US

New Principal Place of Business:

Current Mailing Address:

975 SW 24 ST
SR 84
FT LAUDERDALE, FL 33012 US

New Mailing Address:

13822 NW 11TH COURT
PEMBROKE PINES, FL 33028 US

FEI Number: 65-0174995 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KARIM, MOHAMMED H
13822 NW 11TH COURT
PEMBROKE PINES, FL 330282352 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KARIM, MOHAMMED H OFFICER
Address: 13822 NW 11TH COURT
City-St-Zip: PEMBROKE PINES, FL 330282352 US

Title: VP ( ) Delete
Name: KARIM, SUMAIRA OFFICER
Address: 13822 NW 11TH COURT
City-St-Zip: PEMBROKE PINES, FL 330282352 US

Title: VP ( ) Delete
Name: KARIM, SARA OFFICER
Address: 13822 NW 11TH COURT
City-St-Zip: PEMBROKE PINES, FL 330282352 US

Title: VP ( ) Delete
Name: KARIM, SABRINA OFFICER
Address: 13822 NW 11TH COURT
City-St-Zip: PEMBROKE PINES, FL 330282352 US

Title: VP ( ) Delete
Name: KARIM, NAFISA OFFICER
Address: 13822 NW 11TH COURT
City-St-Zip: PEMBROKE PINES, FL 330282352 US

Title: SEC ( ) Delete
Name: HAQUE, UMAIR U
Address: 975 SW 24TH STREET STATE ROAD 84
City-St-Zip: FT. LAUDERDALE, FL 33315

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOHAMMED H KARIM P 04/15/2009
Electronic Signature of Signing Officer or Director Date