

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000011139

**Entity Name:** THE DURAND JIRGA, INC.**Current Principal Place of Business:**519 SW BAYSHORE BOULEVARD  
PORT ST. LUCIE, FL 34983**Current Mailing Address:**519 SW BAYSHORE BOULEVARD  
PORT ST. LUCIE, FL 34983**FEI Number:** 80-0726968**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MATEEN, SEDDIQUE M  
519 SW BAYSHORE BOULEVARD  
PORT ST. LUCIE, FL 34983 US*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**Officer/Director Detail :**

Title	D
Name	MATEEN, SEDDIQUE M
Address	519 SW BAYSHORE BOULEVARD
City-State-Zip:	PORT ST. LUCIE FL 34983

Title	D
Name	SEDDIQUE, SABRINA
Address	2516 SOUTH 19TH STREET #210
City-State-Zip:	FORT PIERCE FL 34982

Title	D
Name	AURAKZAI, MUSTAFA
Address	2516 SOUTH 19TH STREET #201
City-State-Zip:	FORT PIERCE FL 34982

Title	D
Name	SEDDIQUE, MARY
Address	519 SW BAYSHORE BLVD
City-State-Zip:	PORT ST LUCIE FL 34983

Title	OFFICER
Name	KATAWAZI, ABDUL HADI
Address	7307 153 STREET, FLUSHING, NEW YORK 11367
City-State-Zip:	FLUSHING NY 11367

*I hereby 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 all other like empowered.*

**SIGNATURE:** SEDDIQUE MATEEN**PRESIDENT****04/27/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date