

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000047548

**Entity Name:** TAWAKAL II ENTERPRISES, INC.

**Current Principal Place of Business:**

1673 S.W. 107 AVE  
MIAMI, FL 33165

**FILED**  
**Apr 23, 2013**  
**Secretary of State**  
**CC7498053507**

**Current Mailing Address:**

1673 S.W. 107 AVE  
MIAMI, FL 33165

**FEI Number: 20-8881527**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BASHIR, ALAMGIR  
15739 S.W. 102ND ST.  
MIAMI, FL 33196 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           PTD  
Name           BASHIR, ALAMGIR  
Address        15739 S.W. 102ND ST.  
City-State-Zip: MIAMI FL 33196

Title           VPD  
Name           SHAKIL, NAHEED  
Address        15739 SW 102 STREET  
City-State-Zip: MIAMI FL 33196

Title           VPD  
Name           RAFIQ, WASEEM  
Address        1673 SW 107 AVE  
City-State-Zip: MIAMI FL 33165

Title           SD  
Name           AHMED, ADNAN  
Address        12041 SW 119 STREET  
City-State-Zip: MIAMI FL 33186

Title           VPD  
Name           RAFIQ, ASIF  
Address        1673 SW 107 AVE  
City-State-Zip: MIAMI FL 33165

Title           VPD  
Name           AHMED, JAMIL  
Address        10521 SW 146 AVE  
City-State-Zip: MIAMI FL 33186

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ALAMGIR BASHIR**

**PTD**

**04/23/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date