

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000005283

1. Entity Name  
PLACID NK CORPORATION



Principal Place of Business  
1660 NW 3RD STREET  
DEERFIELD BEACH, FL 33442

Mailing Address  
3501 QUEENS BLVD  
LONG ISLAND CITY, NY 11101

**FILED**  
**Jul 11, 2008 08:00 AM**  
**Secretary of State**



07032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
22-3482117

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

KARIM, FARZANA  
1660 NW 3RD STREET  
DEERFIELD BEACH, FL 33442

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000954421  
07/11/08-80012-018 550.00

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME AHMED, KAMAL U DR.  
STREET ADDRESS 3501 QUEENS BLVD.  
CITY-ST-ZIP LONG ISLAND CITY, NY 11101

TITLE V  
NAME RASHID, MOHAMMED H  
STREET ADDRESS 3501 QUEENS BLVD  
CITY-ST-ZIP LONG ISLAND CITY, NY 11101

TITLE ST  
NAME HOQ, AKM F  
STREET ADDRESS 3501 QUEENS BLVD  
CITY-ST-ZIP LONG ISLAND CITY, NY 11101

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/08 (711) 392 3500  
Date Daytime Phone #