


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # M02985**  
 1. Entity Name  
**SHALIMAR OF CENTRAL FLORIDA, INC.**



Principal Place of Business      Mailing Address  
**4629 W IRLO BRONSON MEM HWY**      **4629 W IRLO BRONSON MEM HWY**  
**KISSIMMEE, FL 34746 US**      **KISSIMMEE, FL 34746 US**

**DO NOT WRITE IN THIS SPACE**



02142007    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-2706548</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**RUSSELL, RODNEY L**  
**RUSSELL LAW OFFICES, P.A.**  
**1030 NORTH ORANGE AVENUE, SUITE 102**  
**ORLANDO, FL 32801**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KHAN, BASHIR HUSSAIN</b> <b>4629 W IRLO BRONSON MEM HWY</b> <b>KISSIMMEE, FL 34746</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KHAN, HASEEBA</b> <b>4629 W IRLO BRONSON MEM HWY</b> <b>KISSIMMEE, FL 34746</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 05/01/07-80082-005 150.00

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:**       **4/16/07**      **407-396-1172**  
 \_\_\_\_\_      Date      Daytime Phone #