## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # M02985

1. Entity Name

SIGNATURE

SHALIMAR OF CENTRAL FLORIDA, INC.



Principal Place of Business

4629 W IRLO BRONSON MEM HWY KISSIMMEE, FL 34746 US Mailing Address

4629 W IRLO BRONSON MEM HWY KISSIMMEE, FL 34746 US

## FILED Apr 09, 2008 08:00 A Secretary of State



DO NOT	WRITE	IN	THIS	SPA	CE
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03142008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2706548

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 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

## DO NOT WRITE IN THIS SPACE

Date

Daytime Phone #

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								
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Added to Fe		\$5.00 May Be Added to Fees	000000887103 04/21/08-80007-002 150.00			
10.	OFFICERS AND DIREC	TORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KHAN, BASHIR HUSSAIN 4629 W IRLO BRONSON MEM HWY KISSIMMEE, FL 34746	***						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHAN, HASEEBA 4629 W IRLO BRONSON MEM HWY KISSIMMEE, FL 34746	, ,						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					•			
TITLE NAME STREET ADDRESS CITY-SI-ZIP								
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 accurage 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 one nattactiment with an apprecia, with all others the empowered.								