2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2008 8:00 am
Secretary of State
01-30-2008 90034 020 ****61.25

DOCUMENT # N07000003918

1. Entity Name

SHEZAN AZAD ALI CHILDREN'S TRUST FUND, INC.

Principal Place of Business	Mailing Address
13700 NW 18TH ST. PEMBROKE PINES FL 33028	13700 NW 18TH ST. PEMBROKE PINES FL 33028

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
13700 NW 18 STREET	13700 NW 18 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PEMBROKE PINES, FL	City & State: PEMBROKE PINES, FL
Zip: 33028 Country: USA	Zip: 33028 Country: USA

4. FEI Number: 20-8965399 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALI, AZAD 13700 NW 18TH ST. PEMBROKE PINES FL 33028	Name: AZAD ALI Street Address (P.O. Box Number is Not Acceptable): 13700 NW 18 STREET City: PEMBROKE PINES FL Zip Code: 33028

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALI, AZAD 13700 NW 18TH ST. PEMBROKE PINES FL 33028	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ALI, VERONICA 13700 NW 18TH ST. PEMBROKE PINES FL 33028	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SAWYER, SHANAZ A 13700 NW 18TH ST. PEMBROKE PINES FL 33028	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MCCLORY, NERISSA D 13700 NW 18TH ST. PEMBROKE PINES FL 33028	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: AZAD ALI 1/25/08 954 442 0131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR