

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010632

FILED
Sep 18, 2009
Secretary of State

Entity Name: A - HOME, INC.

Current Principal Place of Business:

P.O.BOX 6277
HOLLYWOOD, FL 33081

New Principal Place of Business:

1021 SW 88TH WAY
PEMBROKE PINES, FL 33025

Current Mailing Address:

P.O.BOX 6277
HOLLYWOOD, FL 33081

New Mailing Address:

FEI Number: 26-1337708 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HOSEIN, ABZAL
1021 SW 88TH WAY
PEMBROKE PINES, FL 33025 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOSEIN, ABZAL
Address: 1021 SW 88TH WAY
City-St-Zip: PEMBROKE PINES, FL 33025

Title: VP () Delete
Name: MOHAMMED, SHAFAYAT AMEER
Address: 2205 SW 62ND TERRACE
City-St-Zip: MIRAMAR, FL 33023

Title: T () Delete
Name: MOHAMMED, WAHID
Address: 6140 FALCONS GATE AVE
City-St-Zip: DAVIE, FL 33331

Title: S () Delete
Name: KHAN, SHAHAABUDEEN
Address: 16527 NW 16TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABZAL HOSEIN

P

09/18/2009

Electronic Signature of Signing Officer or Director

Date