

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004461

FILED
May 07, 2008
Secretary of State

Entity Name: AL-HIKMAT SERVICES, INC.

Current Principal Place of Business:

2205 SW 62ND TERR.
MIRAMAR, FL 33023 US

New Principal Place of Business:

Current Mailing Address:

2205 SW 62ND TERR.
MIRAMAR, FL 33023 US

New Mailing Address:

FEI Number: 65-0417222 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:

SHAFAYAT, MOHAMED
2205 SW 62ND TERR.
MIRAMAR, FL 33023 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: PD () Delete
Name: MOHAMED, SHAFAYAT
Address: PO BOX 6277 N/A
City-St-Zip: HOLLYWOOD, FL 33801

Title: SD () Delete
Name: MOHAMED, SHAHINAAZ
Address: PO BOX 6277 N/A
City-St-Zip: HOLLYWOOD, FL 33081

Title: VD () Delete
Name: DEEN, MEER
Address: 4269 SW 50TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33314

Title: TD () Delete
Name: DEEN, SALIMA
Address: 4269 SW 50TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33314

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:

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: SHAFAYAT MOHAMED

PD

05/07/2008

Electronic Signature of Signing Officer or Director

Date