2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P0000003702

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Address: City-St-Zip:

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SOHAIL, HARIS

SOHAIL, TANIA MS

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134 NW 109TH AVE UNIT#108

PEMBROKE PINES, FL 33026

134 NW 109TH AVE UNIT#108

PEMBROKE PINES, FL 33026

FILED Apr 30, 2004 Secretary of State

Entity Name: ANARKALI BOUTIQUE, INC. **Current Principal Place of Business: New Principal Place of Business:** 1804 NORTH UNIVERSITY DRIVE PEMBROKE PINES, FL 33024 **Current Mailing Address: New Mailing Address:** 1804 NORTH UNIVERSITY DRIVE PEMBROKE PINES, FL 33024 FEI Number: 65-0972856 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SOHAIL, NIBEELA 1804 N ÚNIVERSITY DR HOLLYWOOD, FL 33024 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition SOHAIL, NIBEELA R MRS Name: Name: SOHAIL, NIBEELA R MRS 134 NW 109TH AVE UNIT#108 10659 NW 2ND CIRCLE Address: Address: City-St-Zip: PEMBROKE PINES, FL 33026 City-St-Zip: PEMBROKE PINES, FL 33026 SVD Title: SVD (X) Change () Addition Title: () Delete Name: SOHAIL, ASIF MR Name: SOHAIL ASIF MR 134 NW 109TH AVE UNIT#108 10659 NW 2ND CIRCLE Address: Address: PEMBROKE PINES, FL 33026 PEMBROKE PINES, FL 33026 City-St-Zip: City-St-Zip: () Delete Title: (X) Change () Addition VΡ Title: VΡ SOHAIL, HAMZA MR SOHAIL, HAMZA MR Name: Name: 134 NW 109TH AVE UNIT#108 10659 NW 2ND CIRCLE Address: Address: PEMBROKE PINES, FL 33026 City-St-Zip: PEMBROKE PINES, FL 33026 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

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VΡ

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(X) Change () Addition

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SIGNATURE: NIBEELA SOHAIL PD 04/30/2004