

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000003702

FILED
Apr 20, 2006
Secretary of State

Entity Name: ANARKALI BOUTIQUE, INC.

Current Principal Place of Business:

1804 NORTH UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

1804 NORTH UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 65-0972856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOHAIL, NIBEELA
1804 N UNIVERSITY DR
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

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:

Title: PTD () Delete
Name: SOHAIL, NIBEELA R MRS
Address: 10659 NW 2ND CIRCLE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: SVD () Delete
Name: SOHAIL, ASIF MR
Address: 10659 NW 2ND CIRCLE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VP () Delete
Name: SOHAIL, HAMZA MR
Address: 10659 NW 2ND CIRCLE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VP () Delete
Name: SOHAIL, HARI S
Address: 10659 NW 2ND CIRCLE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VPD () Delete
Name: SOHAIL, TANIA MS
Address: 10659 NW 2ND CIRCLE
City-St-Zip: PEMBROKE PINES, FL 33026

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NIBEELA SOHAIL

PTD

04/20/2006

Electronic Signature of Signing Officer or Director

_____ Date