

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000003702

FILED  
Apr 22, 2009  
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 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: ASIF SOHAIL

SVD

04/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date