

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90052 033 ***150.00

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1. Entity Name
NIRALA SWEET HOUSE, INC.



Principal Place of Business
8909 W. OAKLAND PARK BLVD.
SUNRISE, FL 33351

Mailing Address
8909 W. OAKLAND PARK BLVD.
SUNRISE, FL 33351

40000018



2. Principal Place of Business
8913 W. OAKLAND PARK

3. Mailing Address
8913 W. OAKLAND PARK

01222005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SUNRISE FL

City & State
SUNRISE FL

4. FEI Number
65-1026815

Applied For
Not Applicable

Zip
33351

Country

Zip
33351

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHABBIR, MUHAMMAD
8909 W. OAKLAND PARK BLVD.
SUNRISE, FL 33351

7. Name and Address of New Registered Agent

Name SHABBIR MUHAMMAD
Street Address (P.O. Box Number is Not Acceptable)
8913 W. OAKLAND PARK BLVD
City SUNRISE FL Zip Code 33351

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: X MUHAMMAD SHABBIR 3-28-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SHABBIR, MUHAMMAD
STREET ADDRESS 8909 W. OAKLAND PARK BLVD.
CITY-ST-ZIP SUNRISE, FL 33351 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SHABBIR, MUHAMMAD
STREET ADDRESS 8913 W. OAKLAND PARK BLVD
CITY-ST-ZIP SUNRISE FL 33351 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X MUHAMMAD SHABBIR 3-28-05 954-578-9060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #