



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90036 029 ***150.00

DOCUMENT # P0000064749					
1. Entity Name ARIF USA, INC.					
Principal Place of Business 131 LOCK ROAD #5 DEERFIELD BEACH, FL 33442			Mailing Address 131 LOCK ROAD #5 DEERFIELD BEACH, FL 33442		
2. Principal Place of Business 712 CAROLINE STREET Suite, Apt. #, etc.		3. Mailing Address 712 CAROLINE STREET Suite, Apt. #, etc.			
City & State KEY WEST FL		City & State KEY WEST FL		4. FEI Number 65-1021335	
Zip 33040		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAQUE, ARIFUL 131 LOCK ROAD #5 DEERFIELD BEACH, FL 33442				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 712 CAROLINE STREET City KEY WEST FL Zip Code 33040	
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DP	NAME HAQUE, ARIFUL		<input type="checkbox"/> Delete	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME 712 CAROLINE STREET STREET ADDRESS KEY WEST FL 33040 CITY-ST-ZIP
STREET ADDRESS 131 LOCK ROAD #5	DEERFIELD BEACH, FL 33442				
CITY-ST-ZIP					
TITLE DS	NAME ARIF, KHADIJA		<input type="checkbox"/> Delete	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME 712 CAROLINE STREET STREET ADDRESS KEY WEST FL 33040 CITY-ST-ZIP
STREET ADDRESS 131 LOCK ROAD #5	DEERFIELD BEACH, FL 33442				
CITY-ST-ZIP					
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CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>					
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NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>					
STREET ADDRESS Change <input type="checkbox"/> Addition <input type="checkbox"/>					
CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>					
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: _____			2/17/05 (305) 296-8393		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		