


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-31-2005 90036 029 ***150.00

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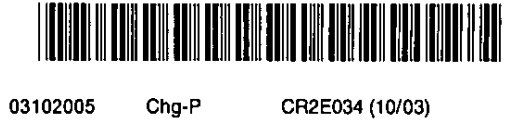
1. Entity Name
ARIF USA, INC.



Principal Place of Business Mailing Address
~~131 LOCK ROAD #5~~ ~~131 LOCK ROAD #5~~
~~DEERFIELD BEACH, FL 33442~~ ~~DEERFIELD BEACH, FL 33442~~

2. Principal Place of Business 3. Mailing Address
712 CAROLINE STREET **712 CAROLINE STREET**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
KEY WEST FL **KEY WEST FL**
Zip Country Zip Country
33040 **33040** Country



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 State Zip Code
KEY WEST FL 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. **\$5.00** May Be Added to Fees

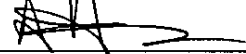
10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	HAQUE, ARIFUL	
STREET ADDRESS	131 LOCK ROAD #5	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ARIF, KHADIJA	
STREET ADDRESS	131 LOCK ROAD #5	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	712 CAROLINE STREET	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	712 CAROLINE STREET	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/17/05** (305) 396-8393
Daytime Phone #