

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000086836 1. Entity Name B.K. LOWE, INC.						
Principal Place of Business ATTN: ASIF GHAFAR 2887 S. UNIVERSITY DR. DAVIE FL 33328			Mailing Address ATTN: ASIF GHAFAR 2887 S. UNIVERSITY DR. DAVIE FL 33328			
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country			City & State Zip Country			
4. FEI Number 65-1047089				Approved For ☐ Not Applicable		
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GHAFAR, ASIF 2887 S. UNIVERSITY DR DAVIE FL 33328			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 (re)registering) _____ DATE: _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GHAFAR, ASIF 2887 S. UNIVERSITY DR DAVIE FL 33328		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000511194 04/29/06-80038-021 150.00	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>clearman</i> M. USMAN <i>OFFICER</i> 04/11/06 786-395-2246						