

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000098474

FILED
Apr 21, 2009
Secretary of State

Entity Name: NABATA INTERNATIONAL ENTERPRISES, INC.

Current Principal Place of Business:

11635 N.E. 21ST DRIVE
NORTH MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

11635 N.E. 21ST DRIVE
NORTH MIAMI, FL 33181

New Mailing Address:

FEI Number: 65-1092824

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALAHUDDIN, KHALID A SR.
11635 N.E. 21ST DRIVE
NORTH MIAMI, FL 33181 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: PSD () Delete
Name: SALAHUDDIN, KHALID A SR.
Address: 11635 N.E. 21ST DRIVE
City-St-Zip: NORTH MIAMI, FL 33181

Title: D () Delete
Name: SALAHUDDIN, WALI
Address: 1140 99 STREET
City-St-Zip: BAY HARBOR ISLAND, FL 33154

Title: D () Delete
Name: SALAHUDDIN, PATRICIA Z
Address: 11635 NE 21ST DRIVE
City-St-Zip: MIAMI, FL 33181

Title: D () Delete
Name: SALAHUDDIN, UMMA N
Address: 15550 NORTH MIAMI AVE
City-St-Zip: NORTH MIAMI, FL 33159

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:

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: KHALID A. SALAHUDDIN, SR.

PSD

04/21/2009

Electronic Signature of Signing Officer or Director

Date