2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 05, 2004 8:00 am Secretary of State DOCUMENT # P01000010973 1. Entity Name 04-05-2004 90011 007 ***150.00 AL-ZEE, INC. Principal Place of Business Mailing Address 451 EAST ALTAMONTE MALL #K-917 451 EAST ALTAMONTE MALL #K-917 ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 213 SHERIDAN AVE Applied For 4. FEI Number City & State 59-3694354 ONLWOOD FLORIDA Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 32750 USA. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOE-(SMAIL CPA-PARPIA, FARIDAH Street Address (P.O. Box Number is Not Acceptable) 7855 N.W. 12 B.T. 451 EAST ALTAMONTE MALL #K-917 ALTAMONTE SPRINGS FL 32701 Suite #203 Zip Code 33126 MIAMI 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 JOE ISMAIL CPA (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE **Change** Addition TITLE □ Delete AHMED GULAMHUSSAIN HUSSAIN, AHMED GHULAM NAME NAME 213 SHERIDAN AVE 451 EAST ALTAMONTE MALL #K-917 STREET ADDRESS STREET ADDRESS LONGWOOD, FL 32750 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition FARIDAH PARPIA PARPIA, FARIDAH NAME 213 SHERIDAN AVE STREET ADDRESS 451 EAST ALTAMONTE DR # K-917 STREET ADDRESS ALTAMONTE SPRINGS FL 32701 LONGWOOD, FL 32750 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED