

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90242 046 \*\*\*150.00

**DOCUMENT # P01000014566**

1. Entity Name  
**SHAH ENTERPRISES, INC.**



Principal Place of Business

10010 NW 7 AVE  
N MIAMI, FL 33150

Mailing Address

10010 NW 7 AVE  
N MIAMI, FL 33150

**54035255**



**DO NOT WRITE IN THIS SPACE**

02192004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1075628**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NOOR MUNJU, ALI  
2421 N 61 AVE  
HOLLYWOOD, FL 33024

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME NOOR MUNJU, ALI  
STREET ADDRESS 2421 N 61 AVE  
CITY-ST-ZIP HOLLYWOOD, FL 33024

TITLE D  
NAME ESHA, KAZI  
STREET ADDRESS 960 NE 170 ST, #102  
CITY-ST-ZIP N MIAMI, FL 33162

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 persons empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/04

Date

Daytime Phone #