

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO1000021194

1. Entity Name

BLUE ATLANTIC USA INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1710 Thomas St.	3. Mailing Address Suite, Apt. #, etc. #12, Hollywood
Suite, Apt. #, etc. #12, Hollywood	4. FEI Number 582607705
City & State FLORIDA	City & State FLORIDA
Zip 33020	Country USA
Zip 33020	Country USA

04-30-2003 90128 024 \*\*\*150.00

FILED  
Apr 30, 2003 8:00 am  
Secretary of State

04-30-2003 90128 024 \*\*\*150.00

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7. Name and Address of Current Registered Agent

Name SHAMIMA SULPANA  
Street Address (P.O. Box Number is Not Acceptable)  
3057 NE 16th Ave  
OAKLAND PARK  
City FL Zip Code 33334

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

04/20/03

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE P. NAME KHALED MOHAMAD M. STREET ADDRESS 39, Jamiul Khan Lane CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE VP NAME KHALED MORSHEEDA PROF. STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME KHALED MOHAMAD J. STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME KHALED MOHAMAD Moin Uddin STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME KHALED MOHAMAD S. 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

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IN THIS SPACE

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KHALED Mohammed morsheeda

Date 04/20/03 Daytime Phone #

CR2E034B (12/01)