


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000049997

1. Entity Name
MEMON ENTERPRISE INC.



FILED
06 MAR -1 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1087 SUTOR RD.
TALLAHASSEE, FL 32311**

Mailing Address
**1087 SUTOR RD.
TALLAHASSEE, FL 32311**



2. Principal Place of Business
2415 N. MONROE ST.

3. Mailing Address
2415 N. MONROE ST.

Suite, Apt. #, etc.
2155

Suite, Apt. #, etc.
2155

City & State
TALLAHASSEE FL

City & State
TALLAHASSEE FL

Zip
32303

Country

Zip
32303

Country

03012006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3721554

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**QURESHI, FARHAN
1027 SUTOR RD.
TALLAHASSEE, FL 32311**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
2415 N. MONROE ST. # 2155
City **TALLAHASSEE** FL Zip Code **32303**

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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	P FURQAN, FAREEHA 8047 87TH ROAD WOOD HEAVEN, NY 11421 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500067974895 03/16/06--01020--014 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AHMAD, MUSHTAQ 1087 SUTOR RD. TALLAHASSEE, FL 32311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ **25. 1.06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #