

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
Mar 15, 2006 08:00 AM
Secretary of State**

DOCUMENT # P01000052871
1. Entity Name
Bahzaib Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
58 N Castleford Ct
Suite, Apt. #, etc.

3. Mailing Address
8979 HERITAGE BAY CIR
Suite, Apt. #, etc.
ORLANDO FL

DO NOT WRITE IN THIS SPACE

City & State
Longwood, FL

Country

Zip
32779

4. FEI Number
59-3721175

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
KHUWAJA, AMYN

Street Address (P.O. Box Number is Not Acceptable)
258 N. CASTLEFORD CT

City
LONGWOOD

State
FL

Zip Code
32779

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

January 1 - May 1 Fee is \$150.00
For May 1, Fee is \$550.00
Amended UBR is \$61.25
Take Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11.	
TITLE	D	TITLE	
NAME	KHUWAJA, AMYN	NAME	
STREET ADDRESS	258 N. CASTLEFORD CT	STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	KHUWAJA, NASEEM	NAME	
STREET ADDRESS	258 N. CASTLEFORD CT	STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 600, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 3/12/06 DAYTIME PHONE #: 407-428-9993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR