
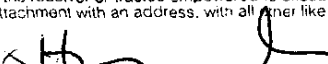


**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90724 013 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P01000056758</b> 1. Entity Name <b>NURUL HUDA, INC.</b>			<b>34047582</b>
Principal Place of Business <b>10093 WEST SUNSET STRIP          SUNRISE, FL 33322</b>		Mailing Address <b>307 NW 74TH WAY          PLANTATION, FL 33317</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
<b>6. Name and Address of Current Registered Agent</b> <b>TRICK, WILLIAM W JR.          1216 EAST ATLANTIC BLVD.          SUITE 7          POMERANO BEACH, FL 33060</b>		<b>DO NOT WRITE          IN THIS SPACE</b>	
<b>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.</b> SIGNATURE _____ DATE _____ <small>Signatures, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing          Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be          Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	D	<b>DO NOT WRITE          IN THIS SPACE</b>	
NAME	URRASHID, HARUN		
STREET ADDRESS	307 NW 74TH WAY		
CITY - ST - ZIP	PLANTATION, FL 33317		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<b>DO NOT WRITE          IN THIS SPACE</b>	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
<b>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</b>			
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4-28-04 (954) 749-6660</b> <small>Date Daytime Phone</small>	