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

P01000062456

FILED Apr 26, 2006 8:00 am Secretary of State

04-26-2006 90177 024 ***150.00

DOCUMENT # 1. Entity Name Apna Bazaar International, Inc. 40062403 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 1616 South dean Road 1616 South dean Road Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3760244 Orlando, FI Orlando, FI Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32825 32825 7. Name and Address of Current Registered Agent Name RAZZAQ, MOHAMMED DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 1616 SOUTH DEAN ROAD City Zip Code ORLANDO FL 32825 32825 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 After May 1, Fee Is \$550.00 9. Election Campaign Financing \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. Director TITLE TITLE RAZZAQ, MOHAMMED NAME NAME STREET ADDRESS STREET ADDRESS 1616 SOUTH DEAN ROAD CITY-ST-ZIP ORLANDO FL 32825 CITY-ST-ZIP TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 on an attachment with an address, with all other like empowered. **SIGNATURE** SIGNATURE AND TYPED OR PRINTED NÁME OF SIGNING OFFICER OR DIRECTOR