


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90238 036 ***150.00

DOCUMENT # P01000062456 1. Entity Name APNA BAZAAR INTERNATIONAL, INC.			
Principal Place of Business 1616 SOUTH DEAN ROAD ORLANDO, FL 32825		Mailing Address 1616 SOUTH DEAN ROAD ORLANDO, FL 32825	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 9432 S. O. B. Trail Suite, Apt. #, etc.	
City & State Zip		City & State Orlando FL Zip 32837	
Country		Country US	
4. FEI Number 59-3760244		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		Chg-P CR2E034 (12/06) \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAZZAQ, MOHAMMED 1616 SOUTH DEAN ROAD ORLANDO, FL 32825		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D RAZZAQ, MOHAMMED 1616 SOUTH DEAN ROAD ORLANDO, FL 32825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/17/07 Daytime Phone # 407-580-2002 407-277-9483	