

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000065211

FILED
Feb 04, 2005
Secretary of State

Entity Name: ZULFIQAR MOTORS USA, INC.

Current Principal Place of Business:

ZULFIQAR MOTORS USA INC
4891 NW 103RD AVE SUITE #11-A
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

ZULFIQAR MOTORS USA INC
4891 NW 103RD AVE SUITE #11-A
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 65-1118829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIAN, MUSHTAQ A
4891 NW 103RD AVE SUITE #11-A
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEWIS, DONOVAN
Address: 4891 NW 103RD AVE, SUITE #11-A
City-St-Zip: SUNRISE, FL 33351

Title: S () Delete
Name: MUSHTAQ, YASMIN
Address: 4891 NW 103RD AVE SUITE #11-A
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEWIS DONOVAN

P

02/04/2005

Electronic Signature of Signing Officer or Director

Date