


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90083 036 ***158.75

DOCUMENT # P01000065211	
1. Entity Name ZULFIQAR MOTORS USA, INC.	

Principal Place of Business ZULFIQAR MOTORS USA INC 11470 W SAMPLE RD CORAL SPRINGS, FL 33065	Mailing Address ZULFIQAR MOTORS USA INC 11470 W SAMPLE RD CORAL SPRINGS, FL 33065
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2. Principal Place of Business - No P.O. Box # 4851 NW 103 AVE.	3. Mailing Address 4851 NW 103 AVE
Suite, Apt. #, etc. STE # 44-G	Suite, Apt. #, etc. STE # 44-G

City & State SUNRISE, FL	City & State SUNRISE, FL
Zip 33351	Country BROWARD




01162008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent MIAN, MUSHTAQ A ZULFIQAR MOTORS USA INC 11470 W SAMPLE RD CORAL SPRINGS, FL 33065	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4851 NW 103 AVE. City SUNRISE FL Zip Code 33351	
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  DATE 1-16-2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIAN, MUSHTAQ A 4891 NW 103RD AVE, SUITE #11-A SUNRISE, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4851 NW 103 AVE, STE # 44-G SUNRISE, FL 33351 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MUSHTAQ, YASMIN 4891 NW 103RD AVE SUITE #11-A SUNRISE, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4851 NW 103 AVE STE # 44-G SUNRISE, FL 33351 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 1-16-2008 <small>Daytime Phone #</small>