

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

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90187 037 ***150.00

DOCUMENT # P01000090080	
1. Entity Name	
Nani Inc	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 706, Bear Lake Road		3. Mailing Address 706, Bear Lake Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Apopka, FL		City & State Apopka, FL	
Zip 32703	Country	Zip 32703	Country

4. FEI Number 59-3745616	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name SHAFEEQ, ALI	
Street Address (P.O. Box Number is Not Acceptable) 706 BEAR LAKE ROAD	
City Apopka	Zip Code 32703

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

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11.	
TITLE Director	NAME ALI, SHAFEEQ	TITLE	NAME
STREET ADDRESS 706 BEAR LAKE ROAD	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP APOPKA FL 32703	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
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CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP

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IN THIS SPACE**

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:

Shafey ali

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/07

Date

Daytime Phone #