

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90769 013 ***150.00

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DOCUMENT # P01000105393



1. Entity Name
ABDUL & SONS, INC.

Principal Place of Business
~~11905 N.E. 2ND AVE., #401C~~
~~N. MIAMI FL 33161~~

Mailing Address
~~11905 N.E. 2ND AVE., #401C~~
~~N. MIAMI FL 33161~~

2. Principal Place of Business

695 NW 95 Street

3. Mailing Address

695 NW 95 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

~~MIAMI, FL~~

City & State

~~MIAMI, FL~~

4. FEI Number

65-1153742

Applied For

Not Applicable

Zip

33150

Country

DADE

Zip

33150

Country

Dade

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAZAQ, KAMRAN

~~11905 N.E. 2ND AVE., #401C~~

~~N. MIAMI FL 33161~~

7. Name and Address of New Registered Agent

Name

KAMRAN RAZAQ

Street Address (P.O. Box Number is Not Acceptable)

695 NW 95 Street

City

MIAMI

FL

Zip Code

33150

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)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

28 Apr 03.

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	RAZAQ, ABDUL	
STREET ADDRESS	11905 N.E. 2ND AVE., #401C	
CITY-ST-ZIP	N. MIAMI FL 33161	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	RAZAQ, KAMRAN	
STREET ADDRESS	11905 N.E. 2ND AVE., #401C	
CITY-ST-ZIP	N. MIAMI FL 33161	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Abdul Razaq	
STREET ADDRESS	695 NW 95 Street	
CITY-ST-ZIP	MIAMI, FL 33150	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kamran Razaq	
STREET ADDRESS	695 NW 95 Street	
CITY-ST-ZIP	MIAMI, FL 33150	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(Signature) **(KAMRAN RAZAQ)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 Apr 03.

Date Daytime Phone #

CR2E094 (10/02)