May 01, 2003 8:00 am Secretary of State 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P01000105393 DOCUMENT # 05-01-2003 90769 013 ***150.00 1. Entity Name ABDUL & SONS, INC. Principal Place of Business Mailing Address 11905 N.E. 2ND AVE: #401C 11905-N.E .- 2ND-AVE .: #401C N. MAMI FL 33161 N. MIAMPEL 33T61 1 2. Principal Place of Business 3. Mailing Address 695 Jaorte Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65=1153742 MAKKI MAIN - Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAZAQ, KAMRAN 11905 N.E. 2ND AVE., #401C N., MIAMI FL 33161 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 28 Apro3 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete President TITLE TITLE ☐ Addition Abdul Razag NAME razaq; abdul NAME s nw 95 street STREET ADDRESS 14005 N.E. 2ND AVE., #401C STREET ADDRESS CITY-ST-ZIP N. MIAMLEL 33161.... CITY-ST-7IP M (AM) Delete TITLE Vice President **T** Change TITLE ☐ Addition Kamran Razaq. NAME RAZAQ, KAMRAN NAME MAMIN DOORS STREET MINNIE STREET ADDRESS 11905 N.E. 2ND AVE., #401C STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N: MIAMI FL 3316T TITLE TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 empower

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

Addition