


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90719 043 ***158.75

DOCUMENT # P01000108539 1. Entity Name MUBARAK CAPITAL GROUP OF FLORIDA, INC.	
---	---

Principal Place of Business 2121 BARCELONA WAY SOUTH ST PETERSBURG, FL 33712	Mailing Address 2121 BARCELONA WAY SOUTH ST PETERSBURG, FL 33712
--	--

DO NOT WRITE IN THIS SPACE

04242004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3758185

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

ABDULLAH, DELLA H
2121 BARCELONA WAY SOUTH
ST PETERSBURG, FL 33712

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ABDULLAH, TAALIB 2121 BARCELONA WAY S ST PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ABDULLAH, DELLA 2121 BARCELONA WAY S ST PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Ahmad, Qasim 3880 34th Avenue S., #E St. Petersburg, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Della H. Abdullah Della H. Abdullah 5/24/04 727-867-1705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #