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May 04, 2007 08:00 A
Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000108539

1. Entity Name
MUBARAK CAPITAL GROUP OF FLORIDA, INC.

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

DO NOT WRITE IN THIS SPACE

06012007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3758185

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	OP
NAME	ABDULLAH, TAALIB
STREET ADDRESS	2121 BARCELONA WAY S
CITY-ST-ZIP	ST PETERSBURG, FL 33712
TITLE	DS
NAME	ABDULLAH, DELLA
STREET ADDRESS	2121 BARCELONA WAY S
CITY-ST-ZIP	ST PETERSBURG, FL 33712
TITLE	DVP
NAME	AHMAD, QASIM
STREET ADDRESS	4002 CAPELAND RD
CITY-ST-ZIP	TAMPA, FL 33637
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/25/07-80044-003 150.00

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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: _____ 4/30/07 727-867-1705
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (Date) (Daytime Phone #)