

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000118088**

1. Entity Name  
**SOUTHERN GLADES CORPORATION**



Principal Place of Business  
**1359 WASHINGTON AVE  
MIAMI BEACH, FL 33139**

Mailing Address  
**1359 WASHINGTON AVE  
MIAMI BEACH, FL 33139**

**DO NOT WRITE IN THIS SPACE**



02092005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**30-0030435**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MALLIK, DIPAK K  
1359 WASHINGTON AVE  
MIAMI BEACH, FL 33139**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MALLIK, DIPAK K
STREET ADDRESS	1359 WASHINGTON AVE
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	VPT
NAME	BAKFIER, KHAR
STREET ADDRESS	1300 LINCOLN RD., #204
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	S
NAME	SHAKILA, AZAM
STREET ADDRESS	1720 S.W. 137 WAY
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/05-80126-021 150.00

**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: *Shakila Azam*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*X SECRETARY*  
Date Daytime Phone