

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000013263

Entity Name: MEGHNA CORPORATION

FILED
Mar 21, 2009
Secretary of State

Current Principal Place of Business:

SUPER STOP FOOD STORE
3596 BAYSHORE DRIVE
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

C/O JOHN M WICKER P.A.
P.O. DRAWER 60205
FORT MYERS, FL 33908

New Mailing Address:

C/O JOHN M WICKER P.A.
P.O. DRAWER 60205
FORT MYERS, FL 33906

FEI Number: 37-1419356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WICKER, JOHN M P.A.
12670 NEW BRITTANY BLVD., SUITE 101
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

WICKER, JOHN M
12670 NEW BRITTANY BLVD., SUITE 101
FORT MYERS, FL 33907 US

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.

SIGNATURE: JOHN M. WICKER

03/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AHMAD, MONSUR
Address: 3596 BAYSHORE DRIVE
City-St-Zip: NAPLES, FL 34112

Title: VPT () Delete
Name: MORSHED, SHAHNAZ
Address: 39-20 52ND ST. APT. 5-E
City-St-Zip: WOODSIDE, NY 11377

Title: S () Delete
Name: BANU, LAILA A
Address: 70-43 AVE., FIRST FLOOR
City-St-Zip: WOODSIDE, NY 11372

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: AHMAD, MONSUR
Address: 3596 BAYSHORE DRIVE
City-St-Zip: NAPLES, FL 34112

Title: DVT (X) Change () Addition
Name: MORSHED, SHAHNAZ
Address: 39-20 52ND ST. APT. 5-E
City-St-Zip: WOODSIDE, NY 11377

Title: DS (X) Change () Addition
Name: BANU, LAILA A
Address: 103-32 98TH STREET
City-St-Zip: OZONE PARK, NY 11417

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONSUR AHMAD

DP

03/21/2009

Electronic Signature of Signing Officer or Director

Date