


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90007 006 \*\*\*150.00

<b>DOCUMENT # P02000019129</b> 1. Entity Name SAKINA INTERNATIONAL, INC.	
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Principal Place of Business 1768 N. UNIVERSITY DR PEMBROKE PINES, FL 33024	Mailing Address 7155 SW 16 STREET PEMBROKE PINES, FL 33023
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**DO NOT WRITE IN THIS SPACE**



03152007 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0401061	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  AHMED, BASHIR 7155 SW 16 STREET PEMBROKE PINES, FL 33023	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS AHMED, BASHIR 7155 SW 16 STREET PEMBROKE PINES, FL 33023
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT AHMED, SAMINA 7155 SW 16 STREET PEMBROKE PINES, FL 33023
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**DO NOT WRITE  
IN THIS SPACE**

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: X BASHIR AHMED 3.15.07 954-538-0409  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #