

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000063240

Entity Name **AFEM ENT. INC.**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90276 017 ***150.00

DO NOT WRITE IN THIS SPACE

11013834

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business ANS Food Mart		3. Mailing Address	
Suite, Apt. #, etc. 6415 W. Colonial Dr.		Suite, Apt. #, etc.	
City & State Orlando FL		City & State	
Zip 32818	Country orange	Zip	Country
4. FEI Number 38-3654832		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name SALIM S. MERCHANT	
Street Address (P.O. Box Number is Not Acceptable) 4573 S. KIRKMAN RD #1	
City ORLANDO	Zip Code FL 32811

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 **S. Merchant** DATE **4/15/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

OFFICERS AND DIRECTORS	
1. PRESIDENT P/S MERCHANT SALIM S. STREET ADDRESS: 4573 S. KIRKMAN RD #1 CITY-STATE-ZIP: ORLANDO FL 32811	TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:
2. VICE PRESIDENT VP PLUMBER SHAMIM STREET ADDRESS: 4573 S. KIRKMAN RD #1 CITY-STATE-ZIP: ORLANDO FL 32811	TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:
3. TREASURER T. FURMAN SALIM MERCHANT STREET ADDRESS: 4573 S. KIRKMAN RD #1 CITY-STATE-ZIP: ORLANDO FL 32811	TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:
4. SECRETARY	TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:
5. ADDITIONAL OFFICER/DIRECTOR	TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:

**DO NOT WRITE
IN THIS SPACE**

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 dictated 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 11 or on an attachment with an address, with all other like empowered.

NATURE: **S. Merchant** DATE: **4/15/03** DAYTIME PHONE: **7407-293-3313**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR