FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2006 8:00 am Secretary of State

DOCUMENT # P02000066460 1. Entity Name				05-03-2006 90253 035 ***150.00		
American Pride Constr	ruction Services In	C		\ /		
DO N	AT MOIT	E IN THIS :	CDASE			
DO NOI WRITE		E IN I HIO :	SFAUE	60035627		
2. Principal Place of Business		3. Mailing Address	_{del} istrikinistististististististististististististi		-	
2233 S Kirman Road Apt 86 Suite, Apt. #, etc.		Suite, Apt. #, et	ic.	DO NOT WRITE IN THIS SPACE		
City & State Orlando, Fl		City & State		02-0605255	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional	
32811			7. Nar	ne and Address of Current Regist	Fee Required	
DO NOT WRITE			Name			
IN THIS SPACE			2233 S Kirkman Road Apt # 86			
			City Orlando	FL	Zip Code 32811	
			ose of changing its regi	stered office or registered agent, or		
	am familiar with, ai	nd accept the obligation	is of registered agent.			
SIGNATURE Signatu	ure, typed or printed nam	ne of registered agent and title	if applicable. (NOTE: Regis	stered Agent signature required when reinstatin	g) DATE	
January 1 - May 1 Fee is \$150.00 After Nay 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS	S AND DIRECTORS	11.			
TITLE NAME	DIRECTOR WASEEM, FAISA	AL.	TITLE NAME			
STREET ADDRESS	2233 S Kirkman F	Road Apt #86	STREET ADDRES	S		
CITY-ST-ZIP TITLE	ORLANDO FL 32	.811	CITY-ST-ZIP			
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRES CITY-ST-ZIP	3		
TITLE			TITLE NAME			
STREET ADDRESS			STREET ADDRES	s DO NOT W	/DITE	
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NAME			NAME	IN THIS SP	ACE	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRES CITY-ST-ZIP	S		
TITLE	1		TITLE			
NAME STREET ADDRESS			NAME STREET ADDRES	S		
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME			TITLE NAME			
STREET ADDRESS			STREET ADDRES	\$		
CITY-ST-ZIP 12. I hereby certify that t	I the information suppl	lied with this filing does no	t qualify for the exemption	stated in Section 119.07(3)(i), Florida St	atutes. I further	
certify that the inform	nation indicated on th	his report or supplemental	report is true and accurate	and that my signature shall have the sa	me legal effect	
				tee empowered to execute this report as th an address, with all other like empowe		