2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000110965 1. Entity Name NAZIA, INC.			STORING TO THE STORY OF THE STO	07 00	T-1 AM 9:	22
				st. ohl.	I MAY OF ST	ATE
Principal Place of Business 1725 N ALAFAYA TRAIL ORLANDO, FL 32826	Mailing Address 1725 N ALAFAYA TRAIL ORLANDO, FL 32826			TALLA	IASSEE, FLO	RIDA
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	ΑΓΑΥΑ ΤΡΑ				
SUITE APITA, EIG. 1725 N. ALAFAYA TRAIL	Suite, Apt. #, etc. City & State			Chg-P	CR2E034 (12/06)	plied For
ORLANDO, FLORIDA	ORLANDO	FLURIDA	4. FEI Number 04-371719	8	⊢	t Applicable
<u> </u>	32826	Country	5. Certificate of St		See Required	
6. Name and Address of Current Res	jistered Agent	Name	7. Name and Add			
ALAM, M MATIUL 1725 N. ALAFAYA TRAIL ORLANDO, FL. 22026			Street Address (P.O. Box Number is Not Acceptable)			
ORLANDO, FL 32826	1725	N. ALAF	T AYA	RAIL		
		City 02	LANDO)	FL Zip Code	826
 The above name, entity submits this statement for the obligations of registered agent. 	e purpose of changing its reg	istered office or regis	tered agent, or both, in	the State of Florida	a. I am familiar with,	and accept
SIGNATURE TO THE SIGNATURE	u Ac					
Signature ped or printed name of registered agent and to	ille if applicable. (NOTE: Reg	gistered Agent signature requ	ired when reinstating)		DATE	
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	Election Campaign F Trust Fund Contribut	~ — ~	5.00 May Be dded to Fees			ı
10. OFFICERS AND DIF		11.	ADDITIONS/CHA	NGES TO OFFICE	RS AND DIRECTORS	
NAME ALAM, MMATIUL STREET ADDRESS 1725 N ALAFAYA TRAIL ORLANDO, FL 32826	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		01105 0701020-		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Dolete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS	☐ Delete	NAME			Change	Addition
TITLE NAME STREEI ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
12. I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the receiver of trustee empower changed, or on an attachment with an address, with	ie and accurate and that my s ered to execute this report as i	ionature shall have t	ne same legal effect as:	it made under natt	n that I am an officer	or director
SIGNATURE: SIGNATURE AND TYPED OR PRIN	TED RAME OF SIGNING OFFICER OR I	DIRECTOR	04.25	Date	Daytime Phone •	

DIVISION OF CORPORATIONS P.O BOX 8700 Tallahassee. FL 32314

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1. Sept. 1.

Ref: Document # Po2000110965 NAZIA, INC. 1725 N. Alafaya trail Dear Sir Madam, orlando, Fiz2826

This is to inform you that on 9 have not received any notice, 9 got late in making payment for reneweal.

under tw Circumstances

my humble request to you awaid
be to get the renalty amount

ceaired. Jour help recoved be

histly appreciated.

Thoughis you Sincorde Mohoemed M. Alan