

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

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000121025
1. Entity Name
A.B.Napa Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4077 West Columbia Street Suite, Apt. #, etc.		3. Mailing Address 4077 WEST COLOMBIA STREET Suite, Apt. #, etc.	
City & State Orlando, FL	City & State ORLANDO FL	4. FEI Number 43-1982192	Applied For Not Applicable
Zip 32811	Country	Zip 32811	Country US

U000000480849
04/11/06-80007-024 150.00

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name BODIUZAMAN, M.D	
		Street Address (P.O. Box Number is Not Acceptable) 4077 WEST COLOMBIA STREET	
		City ORLANDO	FL

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

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BODIUZAMAN, M.D 4077 WEST COLOMBIA STREET ORLANDO FL 32811	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RABAMAN, MOHAMMED A 4077 WEST COLOMBIA STREET ORLANDO FL 32811	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NURUL, ISLAM 4077 WEST COLOMBIA STREET ORLANDO FL 32811	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALAM MIAH, BADIUL 4077 WEST COLOMBIA STREET ORLANDO FL 32811	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Md. Bodiu33an

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/21/06

Date

407-522-6568

Daytime Phone #