


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 08:00 A
Secretary of State

DOCUMENT # P02000121025 1. Entity Name A.B.NAPA, INC		
Principal Place of Business 4077 WEST COLOMBIA STREET ORLANDO, FL 32811		Mailing Address 4077 WEST COLOMBIA STREET ORLANDO, FL 32811
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BODIUZAMAN, M.D 4077 WEST COLOMBIA STREET ORLANDO, FL 32811		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000667900 03/27/07-80005-025 150.00
TITLE	PD	DO NOT WRITE IN THIS SPACE
NAME	BODIUZAMAN, M.D	
STREET ADDRESS	4077 WEST COLOMBIA STREET	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE	VP	
NAME	RABAMAN, MOHAMMED A	
STREET ADDRESS	4077 WEST COLUMBIA STREET	
CITY-ST-ZIP	ORLANDO, FL 32821	
TITLE	S	
NAME	NURUL, ISLAM	
STREET ADDRESS	4077 COLUMBIA ST	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE	D	
NAME	ALAM MIAH, BADIUL	
STREET ADDRESS	4800 CASON COVE DR APT 204	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <u>Badiul Alam Miah (BADIUL ALAM MIAH)</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		03/10/07 <small>Date</small> 407-522-6588 <small>Daytime Phone #</small>