


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000121025</b> 1. Entity Name <b>A.B.NAPA, INC</b>	
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Principal Place of Business <b>4077 WEST COLOMBIA STREET ORLANDO, FL 32811</b>	Mailing Address <b>4077 WEST COLOMBIA STREET ORLANDO, FL 32811</b>
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**DO NOT WRITE IN THIS SPACE**



02202008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>43-1982192</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  <b>BODIUZAMAN, M.D 4077 WEST COLOMBIA STREET ORLANDO, FL 32811</b>
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000859320</b> <b>04/02/08-80017-022 150.00</b>
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10. OFFICERS AND DIRECTORS	
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	VP RABAMAN, MOHAMMED A 4077 WEST COLUMBIA STREET ORLANDO, FL 32821
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NURUL, ISLAM 4077 COLUMBIA ST ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALAM MIAH, BADIUL 4800 CASON COVE DR APT 204 ORLANDO, FL 32811
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 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:** *Yd. Bodiu3zma* *03/13/08* *407-539-2625*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #