





# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90047 008 \*\*\*150.00

<b>DOCUMENT # P02000122999</b> 1. Entity Name <b>MUNIR INTERNATIONAL, INC.</b>					
Principal Place of Business <b>926 SANTA MARIA BLVD ST AUGUSTINE, FL 32086</b>			Mailing Address <b>926 SANTA MARIA BLVD ST AUGUSTINE, FL 32086</b>		
2. Principal Place of Business - No P.O. Box # <b>7196 N. Plum Tree St.</b> Suite, Apt. #, etc. <b>321</b>		3. Mailing Address <b>7196 N. Plum Tree St.</b> Suite, Apt. #, etc. <b>321</b>		<b>40023319</b> 	
City & State <b>Punta Gorda</b>		City & State <b>Punta Gorda</b>		4. FEI Number <b>20-2215460</b>	
Zip <b>33955</b> Country <b>Florida</b>		Zip <b>33955</b> Country <b>Florida</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RAHMAN, REZAUR MD 926 SANTA MARIA BLVD ST AUGUSTINE, FL 32086</b>				7. Name and Address of New Registered Agent Name <b>Rashida K. Chowdhury</b> Street Address (P.O. Box Number is Not Acceptable) <b>7196 N. Plum Tree St. Apt #321</b> City <b>Punta Gorda</b> <b>FL</b> Zip Code <b>33955</b>	
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 <u><b>Rashida K. Chowdhury</b></u>  DATE <u><b>02/22/07</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>RAHMAN, REZAUR MD</b> <b>926 SANTA MARIA BLVD</b> <b>ST AUGUSTINE, FL 32086</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Chowdhury K. Rashida</b> <b>7196 N. Plum Tree St. Apt #321</b> <b>Punta Gorda, FL 33955</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Taufiq Reza</b> <b>7196 N. Plum Tree St. Apt # 321</b> <b>Punta Gorda, FL-33955</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Reza Taslima</b> <b>7196 N. Plum Tree St. Apt # 321</b> <b>Punta Gorda, FL-33955</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Rahman Tausif Gholam</b> <b>7196 N. Plum Tree St. Apt # 321</b> <b>Punta Gorda, FL-33955</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: MA. REZAUR RAHMAN</b> 			Date <u><b>02/22/07</b></u> Daytime Phone # _____		