2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2009
Secretary of State

DOCUMENT# P02000122999

Entity Name: MUNIR INTERNATIONAL, INC.

Current Principal Place of Business:

7196 N. PALM TREE ST.
321
PUNTA GORDA, FL 33955

New Principal Place of Business:

Current Mailing Address:

7196 N. PALM TREE ST.
321
PUNTA GORDA, FL 33955

New Mailing Address:

FEI Number: 14-1878596 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAHMAN, REZAUR MD
7196 N. PLUM TREE ST. APT. 321
PUNTA GORDA, FL 33955 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RAHMAN, REZAUR MD
Address: 926 SANTA MARIA BLVD
City-St-Zip: ST AUGUSTINE, FL 32086

Title: V ( ) Delete
Name: CHOWDHURRY, RASHIDA K
Address: 7196 N. PLUM TREE ST. APT. 321
City-St-Zip: PUNTA GORDA, FL 33955

Title: D ( ) Delete
Name: REZA, TAUFIQA
Address: 7196 N. PLUM TREE ST. APT. 321
City-St-Zip: PUNTA GORDA, FL 33955

Title: S ( ) Delete
Name: TASLIMA, REZA
Address: 7196 N. PLUM TREE ST. APT. 321
City-St-Zip: PUNTA GORDA, FL 33955

Title: T ( ) Delete
Name: GHOLAM, RAHMAN T
Address: 7196 N. PLUM TREE ST. APT. 321
City-St-Zip: PUNTA GORDA, FL 33955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition
Name: RAHMAN, REZAUR MD
Address: 926 SANTA MARIA BLVD
City-St-Zip: ST AUGUSTINE, FL 32086

Title: PD (X) Change ( ) Addition
Name: CHOWDHURRY, RASHIDA K
Address: 7196 N. PLUM TREE ST. APT. 321
City-St-Zip: PUNTA GORDA, FL 33955

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MD.REZAUR RAHMAN V 01/25/2009

Electronic Signature of Signing Officer or Director — Date