

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90281 037 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

94077064



04202004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000126975			
1. Entity Name K & L OF SO. FLORIDA CORP.			
Principal Place of Business 2508 DAVIE BLVD FORT LAUDERDALE, FL 33312-3028		Mailing Address 2508 DAVIE BLVD FORT LAUDERDALE, FL 33312-3028	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Fil Number 141863354		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UL-HAQUE, USMAN 499 NW 42ND STREET #4 FORT LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 agent's address. (NOTE: Registered Agent signature not required when removing) DATE _____			
FILE NOW! FEE IS \$150.00 After May 1, 2004 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P UL-HAQUE, USMAN 499 NW 42ND STREET, #4 FORT LAUDERDALE, FL 33309 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZADA, SULAIMAN 499 NW 42ND STREET, #4 FORT LAUDERDALE, FL 33309 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIKDER, WAHIDUR 6737 SW 19TH STREET POMPANO BCH, FL 33068 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BHUYIAN, ABUL K 10805 SW 44TH CT. DAVIE, FL 33328 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 this corporation or the incorporator 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 affidavit with all other like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR		4-27-04 Date	