

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90013 005 ***150.00

DOCUMENT # P03000009718

1. Entity Name

KHADIJA TRADING, INC.



Principal Place of Business

4850 W. OAKLAND PK BLVD
SUITE 114
FORT LAUDERDALE FL 33313

Mailing Address

4850 W. OAKLAND PK BLVD
SUITE 114
FORT LAUDERDALE FL 33313

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

54-2093131

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAEED, ARSHED
7181 SW 20TH PLACE
DAVIE FL 33317

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 **PP** ☐ Delete
NAME SAEED, ARSHED
STREET ADDRESS 7181 SW 20TH PLACE
CITY-ST-ZIP DAVIE FL 33317

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME ~~SAEED, ARSHED~~
STREET ADDRESS ~~3680 SW 61ST AVENUE, APT 2~~
CITY-ST-ZIP ~~DAVIE FL 33314~~

TITLE ☐ Change ☒ Addition
NAME **SYEDA W SAEED**
STREET ADDRESS **7181 SW 20th Place**
CITY-ST-ZIP **DAVIE, FL 33317**

TITLE ☐ Delete
NAME VP
NAME BAIG, FAHEEM
STREET ADDRESS 3285 FOXCROFT ROAD, #E 110
CITY-ST-ZIP MIRAMAR FL 33025

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME S
NAME GHANI, WAHID W
STREET ADDRESS 13036 NW 14 STREET
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE ☒ Change ☐ Addition
NAME **G HANIWALA WAHID**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **G HANIWALA WAHID**
STREET ADDRESS **CORRECT IT PLEASE**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WAHID G HANIWALA

Date

Daytime Phone #

954-805-7915

1-26-06