

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000009723

1. Entity Name
BILAL TRADING, INC.



Principal Place of Business
1000 PARK CENTER BLVD
SUITE 110
MIAMI, FL 33169

Mailing Address
1000 PARK CENTER BLVD
SUITE 110
MIAMI, FL 33169

DO NOT WRITE IN THIS SPACE

40116121



05-18-2007 No Chg-P CR2E034 (11/05)

4. FEI Number 54-2093133	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SAEED, ARSHED *Arshad*
7181 SW 20 PLACE
DAVIE, FL 33317

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAEED, ARSHED <i>Arshad</i> 7181 SW 20 PLACE <i>4706 Lakeside Circle East</i> DAVIE, FL 33317 <i>33314</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAEED, SAHIRA 7181 SW 20TH PLACE <i>4706 Lakeside Circle East</i> DAVIE, FL 33317 <i>33314</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAHID, GHANIWALA A 13036 NW 14 STREET PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REHMAN, SYED A 7181 SW 20 PLACE <i>3680 SW 61 Ave, #12</i> DAVIE, FL 33317 <i>33314</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Ahmed, Altaf</i> <i>7868 NW 11th St</i> <i>Plantation, FL 33322</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Ally*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Redov

5-1-07

Date

Daytime Phone #

**FILED
May 18, 2007 8:00 am
Secretary of State**