

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-18-2007 90021 030 ***150.00

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**

40116121



05012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2093133

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 _____ (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 **D**
NAME **SAEED, ARSHED** **Arshad**
STREET ADDRESS **7181 SW 20 PLACE** **4706 Lakeside Circle East**
CITY-ST-ZIP **DAVIE, FL 33317** **33314**

TITLE **D**
NAME **SAEED, SAHIRA**
STREET ADDRESS **7181 SW 20TH PLACE** **4706 Lakeside Circle East**
CITY-ST-ZIP **DAVIE, FL 33317** **33314**

TITLE **D**
NAME **WAHID, GHANIWALA A**
STREET ADDRESS **13036 NW 14 STREET**
CITY-ST-ZIP **PEMBROKE PINES, FL 33028**

TITLE **D**
NAME **REHMAN, SYED A**
STREET ADDRESS **7181 SW 20 PLACE** **3680 SW 61 Ave, #12**
CITY-ST-ZIP **DAVIE, FL 33317** **33314**

TITLE **D**
NAME **Ahmed, Altaf**
STREET ADDRESS **7868 NW 11th St**
CITY-ST-ZIP **Plantation, FL 33322**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

[Signature]

[Signature]

5-1-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #