## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000032571

Entity Name: KIBSHA INC

FILED Sep 01, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1720 SOUTH UNIVERSITY DRIVE MIRAMAR, FL 33025

Current Mailing Address: New Mailing Address:

1720 SOUTH UNIVERSITY DRIVE MIRAMAR, FL 33025

FEI Number: 42-1581999 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MATLOOB, NUDRAT
1525 SPRING HARBOR DRIVE
S
DELRAY BEACH, FL 33445 US

MATLOOB, NUDRAT
5207 VENTURA DRIVE
DELRAY BEACH, FL 33484 US

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: NUDRAT MATLOOB 09/01/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 $\label{eq:title:PD} \mbox{Title:} \qquad \mbox{PD} \qquad \mbox{(X) Change () Addition}$ 

Name:MATLOOB, NUDRATName:MATLOOB, NUDRATAddress:1525 SPRING HARBOR DRIVE # SAddress:5207 VENTURA DRIVECity-St-Zip:DELRAY BEACH, FL 33445 USCity-St-Zip:DELRAY BEACH, FL 33484 US

Title: VP ( ) Delete Title: VPD (X) Change ( ) Addition

Name:MATLOOB, KIBRIYAName:MATLOOB, KIBRIYAAddress:1595 SPRING HARBOR DR. # RAddress:5207 VENTURA DRIVECity-St-Zip:DELRAY BEACH, FL 33445 USCity-St-Zip:DELRAY BEACH, FL 33484 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NUDRAT MATLOOB PD 09/01/2005