

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90274 019 ***158.75

20046532



04182005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0009849 Applied For ☒ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KHAN, HAFEEZ R
4918 PURDY LANE
APT #2
WEST PALM BEACH, FL 33415

7. Name and Address of New Registered Agent

Name **KHAN, HAFEEZ-UR-RAHMAN**
Street Address (P.O. Box Number is Not Acceptable)
4918 PURDY LANE,
APT # 2
City **WEST PALM BEACH** FL **33415**

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  DATE **21 APRIL 2005**

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **KHAN, HAFEEZ R**
STREET ADDRESS **4918 PURDY LANE APT #2**
CITY-ST-ZIP **WEST PALM BEACH, FL 33415**

TITLE **VP** ☐ Delete
NAME **NISA, MAHER U**
STREET ADDRESS **4918 PURDY LANE APT #2**
CITY-ST-ZIP **WEST PALM BEACH, FL 33415**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **ABDUL RAHMAN KHAN**
STREET ADDRESS **118-60 METROPOLITAN AV, 6G,**
CITY-ST-ZIP **KEN GARDENS, NY-11415.**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **ZAIB-UN-NISA**
STREET ADDRESS **118-60, METROPOLITAN AV, 6G,**
CITY-ST-ZIP **KEN GARDENS, NY-11415.**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  DATE **21 APRIL, 2005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #