

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90083 042 \*\*\*150.00

**DOCUMENT # P03000071556**

1. Entity Name  
**FLORIDA LAND INVESTMENT GROUP INC**



Principal Place of Business

**1161 SW 107 TERR  
DAVIE, FL 33324**

Mailing Address

**1161 SW 107 TERR  
DAVIE, FL 33324**

40100000



02212007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**58-2674523**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**NOOR, MOHAMMAD S  
7700 NW 23 STREET  
PEMBROKE PINES, FL 33024**

**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  
**DP  
NOOR, MOHAMMAD S  
6531 HAYES ST  
HOLLYWOOD, FL 33024**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
MUNJU, ALINOOR  
7700 NW 23 STREET  
PEMBROKE PINES, FL 33024**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MAMUN, SADIA  
1161 SW 107 TERRACE  
DAVIE, FL 33324**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
NAIM, ABDUL  
1354 NW 139 TERRACE  
MIRAMAR, FL 33028**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
AZAM, MOHAMMED M  
1720 SW 137 WAY  
MIRAMAR, FL 33027**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Ali Nasser Munir V. Pres.*