## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered

## Apr 11, 2005 8:00 am Secretary of State DOCUMENT # P03000072731 04-11-2005 90184 032 \*\*\*150.00 1. Entity Name SHAH JALAL, INC. Principal Place of Business Mailing Address **20070T03** 1305 CRESTWOOD BLVD 1305 CRESTWOOD BLVD LAKE WORTH, FL 33460 LAKE WORTH, FL 33460 2. Principal Place of Business 3. Mailing Address SHAH JALAL, INC. SHAH JALAL, INC. 04072005 CR2E034 (10/03) 15096 JOG RD BAY 10-11 15096 JOG RD BAY 10-11 4. FEI Number Applied For DELRAY BEACH FL 33446 DELRAY BEACH FL 33446 Not Applicabl 41-2101761 Zip \$8.75 Additional 5. Certificate of Status Desired PALM BEACH Fee Required PALM BEACH <u>33447</u> 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AHMED, SHIHAB ABDUL LATIF Street / 1305 CRESTWOOD BLVD 15096 JOG RD BAY 10-11 LAKE WORTH, FL 33460 DELRAY BEACH FL 33446 Zip Code City FL 3. 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. 4-04-05 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PSD Change M Additio TITLE Delete TITLE -!AME LATIF, ABDUL NAME 15096 JOG RD BAY 10-11 STREET ADDRESS 1305 CRESTWOOD BLVD STREET ADDRESS DELRAY BEACH FL 33446 CITY-ST-ZIP LAKE WORTH, FL. 33460 CITY-ST-ZIP VTD ☐ Change . ☐ Additio RITLE Defete AHMED, SHIHAB JAME NAME STREET ADDRESS STREET ADDRESS 1305 CRESTWOOD BLVD CITY-ST-ZIP LAKE WORTH, FL 33460 CITY-ST-ZIP TITLE Delete TITLE . Change Additic NAME √AME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Additic TITLE TITLE Delete MAY NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP Additic ☐ Change **FITLE** Oelete TITLE NAME VAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Additic Change TITLE TITLE ☐ Delete VAME NAME STREET ADDRESS STREET ADDRESS DITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 in the corporation of 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 in the corporation of the receiver of of the receiv

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