2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2008 08:00 AM DOCUMENT # P03000074363 **Secretary of State** BORAAQ COMMUNICATIONS, INC. Principal Place of Business Mailing Address 11214 PINES BLVD 11214 PINES BLVD PEMBROKE PINES, FL 33026 PEMBROKE PINES, FL 33026 No Chg-P 02212008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3763895 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AHMED, MATLOOB DO NOT WRITE 100 SW 69TH TERRACE PEMBROKE PINES, FL 33023 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 eigneture required when reinstating) DATE U00000836290 \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 N3/N4/N8-80010-025 150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME AHMED, MATLOOB STREET ADDRESS 100 SW 69TH TERRACE CITY-ST-ZIP PEMBROKE PINES, FL 33023 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 eath; 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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

2/21/08 954-435-2115