


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90036 002 ***150.00

DOCUMENT # P03000099702	
1. Entity Name ORLANDO HALAL MEAT DISTRIBUTORS, INC.	

Principal Place of Business 4112 PEACHWOOD DR ARLINGTON, TX 76016	Mailing Address 4112 PEACHWOOD DR ARLINGTON, TX 76016
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40057549



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03052008 Chg-P CR2E034 (12/06)

4. FEI Number 77-0609587	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
AHMED, SHAMSUL 12505 BEACONTREE WAY ORLANDO, FL 32837 <i>2232 BAY LEAF DR. ORLANDO, FL 32837</i>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	


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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHMED, SHAMSUL	NAME	
STREET ADDRESS	4112 PEACHWOOD DR	STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON, TX 76016	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHMED, MOHAMMED J	NAME	
STREET ADDRESS	936 WHITE DOVE DR	STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON, TX 76017	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHMED, SHAHDUL I	NAME	
STREET ADDRESS	11210 WORZEY AVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32827	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHMED, JAHED	NAME	
STREET ADDRESS	936 WHITE DOVE DR	STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON, TX 76017	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHMED, ROKEYA	NAME	
STREET ADDRESS	4112 PEACHWOOD DR	STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON, TX 76016	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 	Date <i>3/20/08</i>	Daytime Phone #
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