

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000104904	
1. Entity Name NABIHA, INC.	



Principal Place of Business 5111 STATE ROAD 64 WEST ONA, FL 33865	Mailing Address 5111 STATE ROAD 64 WEST ONA, FL 33865
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**DO NOT WRITE IN THIS SPACE**

04142005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0257246	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

IQBAL, MOHAMED  
5 N ORANGE ST.  
P.O. BOX 298  
ZOLFO SPRINGS, FL 33890

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<p><b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b></p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD IQBAL, MOHAMED 5 NORTH ORANGE STREET ZOLFO SPRINGS, FL 33890
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SULTANA, ROKSANA 5 NORTH ORANGE STREET ZOLFO SPRINGS, FL 33890
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05/03/05-80139-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Roksana SULTANA 4/29/05 ✓ 8637352014  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #