

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90011 038 ***150.00

DOCUMENT # P03000104904

1. Entity Name

NABIHA, INC.



Principal Place of Business

5111 STATE ROAD 64 WEST
ONA FL 33865

Mailing Address

PO BOX 275
ONA FL 33865

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

4. FEI Number

20-0257246

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME IQBAL, MOHAMED
STREET ADDRESS 5 NORTH ORANGE STREET
CITY-ST-ZIP ZOLFO SPRINGS FL 33890

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3452 SUWANNKE ST
CITY-ST-ZIP ZOLFO SPRINGS, FL 33890

TITLE SD ☐ Delete
NAME SULTANA, ROKSANA
STREET ADDRESS 5 NORTH ORANGE STREET
CITY-ST-ZIP ZOLFO SPRINGS FL 33890

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3452 SUWANNKE ST
CITY-ST-ZIP ZOLFO SPRINGS, FL 33890

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Roksana SULTANA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/08

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