

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000104904

Entity Name: NABIHA, INC.

FILED
Mar 25, 2009
Secretary of State

Current Principal Place of Business:

5111 STATE ROAD 64 WEST
ONA, FL 33865

New Principal Place of Business:

Current Mailing Address:

PO BOX 275
ONA, FL 33865

New Mailing Address:

FEI Number: 20-0257246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

IQBAL, MOHAMED
3452 SUWANEE STREET
ZOLFO SPRINGS, FL 33890 US

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.

SIGNATURE: _____

03/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: IQBAL, MOHAMED
Address: 3452 SUWANNKE ST
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: SD () Delete
Name: SULTANA, ROKSANA
Address: 3452 SUWANNKE ST
City-St-Zip: ZOLFO SPRINGS, FL 33890

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOHAMED IQBAL

PRES

03/25/2009

Electronic Signature of Signing Officer or Director

Date