

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000120069

1. Entity Name
ISHARA, INC



Principal Place of Business

**9401 WESTOAKS MALL
#24
OCFEE, FL 34761 US**

Mailing Address

**6410 METRO WEST BLVD
#1107
ORLANDO, FL 32835 US**



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0343949

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AFZAL, MOHAMMAD
6410 METRO WEST BLVD
#1107
ORLANDO, FL 32835**

**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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **AFZAL, MOHAMMAD**
STREET ADDRESS **6410 METRO WEST BLVD #1107**
CITY-ST-ZIP **ORLANDO, FL 32835**

TITLE **V**
NAME **ALI, JABRAN**
STREET ADDRESS **6410 METRO WEST BLVD #1107**
CITY-ST-ZIP **ORLANDO, FL 32835**

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**U000000203418
01/29/05-80030-005 150.00**

**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)(i), 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 a similar like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-05

407-296-7817

Date

Daytime Phone #