

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000130227

1. Entity Name
AL-HAJJ SERVICE, INC.



FILED

08 JUN 18 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
620 PRESTON STREET
TALLAHASSEE, FL 32304

Mailing Address
620 PRESTON STREET
TALLAHASSEE, FL 32304

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05282008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
02-0711628

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHABAZZ, JESSE H
620 PRESTON STREET
TALLAHASSEE, FL 32304

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

Jesse H Shabazz

DATE

5/23/08

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME SHABAZZ, JESSE H
STREET ADDRESS 620 PRESTON STREET
CITY-ST-ZIP TALLAHASSEE, FL 32304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
000131504530
06/19/08--01035--005 **150.00

TITLE ST
NAME SHABAZZ, HASAN
STREET ADDRESS 620 PRESTON STREET
CITY-ST-ZIP TALLAHASSEE, FL 32304 ☐ Delete

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

TITLE VP
NAME SHABAZZ, ARI J
STREET ADDRESS 620 PRESTON STREET
CITY-ST-ZIP TALLAHASSEE, FL 32304 ☐ Delete

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

TITLE FRO
NAME TRAN, DAVID PHAT
STREET ADDRESS 255 AYER COURT
CITY-ST-ZIP TALLAHASSEE, FL 32305 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/23/08 933-8572