

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90280 031 ***150.00

DOCUMENT # P03000152480			
1. Entity Name AZIZ, INC.			
Principal Place of Business 5336 NW 169 AVE CORAL SPRINGS, FL 33076		Mailing Address 5336 NW 169 AVE CORAL SPRINGS, FL 33076	
2. Principal Place of Business 5336 NW 116 AVE Suite, Apt. #, etc.		3. Mailing Address 5336 NW 116 AVE Suite, Apt. #, etc.	
City & State CORAL SPRING FL		City & State CORAL SPRING FL	
Zip 33076 Country BLOWALI		Zip 33076 Country BLOWALI	
6. Name and Address of Current Registered Agent AZIZ, MAHMOOD 116 5336 NW 169 AVE CORAL SPRINGS, FL 33076		7. Name and Address of New Registered Agent 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: <i>Mal</i> <i>DA</i> April 9-04 <small>Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PVST NAME AZIZ, MAHMOOD STREET ADDRESS 5336 NW 169 AVE CITY-ST-ZIP CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME AKHTAR AZIZ (UPD) STREET ADDRESS 5336 NW 116 AVE CITY-ST-ZIP CORAL SPRING FL 33076	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME MUSTAFA KHANDWALA (V) STREET ADDRESS 5336 NW 116 AVE CITY-ST-ZIP CORAL SPRING FL 33076	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME KHATOON DADA (V) STREET ADDRESS 5336 NW 116 AVE CITY-ST-ZIP CORAL SPRING FL 33076	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered. SIGNATURE: <i>Mal</i> <i>DA</i> April 9-04 (954) 345-0070 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			