

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000015373

Entity Name: 786 ZULEKHA, INC.

FILED  
Feb 19, 2008  
Secretary of State

**Current Principal Place of Business:**

6251 NORTH POWERLINE ROAD  
FT. LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

6251 NORTH POWERLINE ROAD  
FT. LAUDERDALE, FL 33309

**New Mailing Address:**

FEI Number: 58-2683742

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AFZAL, MAJID  
6251 N POWERLINE ROAD  
FORT LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: MAJID, AL  
Address: 6251 N POWERLINE ROAD  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: VS ( ) Delete  
Name: MAJID, SHAFI  
Address: 6251 N POWERLINE RD  
City-St-Zip: FORT LAUDERDALE, FL 33309

**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: ALMAJID

DPT

02/19/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date