

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90190 006 ***150.00

DOCUMENT # P 04000028552
1. Entity Name A. MASHNI INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3209 NW 7th. Ave. Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State Miami Florida		City & State	
Zip 33127	Country Dade	Zip	Country USA

40079321

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0740359	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ASHRAF A. MASHNI	
Street Address (P.O. Box Number is Not Acceptable) 174 00 SW 22nd. STREET	
MIRAMAR FLA 33029	
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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASHRAF A. MASHNI, PRES. 17400 SW 22nd. ST. MIRAMAR FL. 33029
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ashraf A. Mashni
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06
Date

(205) 966-47
Daytime Phone #