2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000038310

1. Entity Name
BHUIYAN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2210 NW 183RD ST OPA LOCKA, FL 33056	2210 NW 183RD ST OPA LOCKA, FL 33056

DO NOT WRITE IN THIS SPACE

02122007   No Chg-P   CR2E034 (11/05)

4. FEI Number 20-1412035	Applied For
	Not Applicable

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

---

6. Name and Address of Current Registered Agent

UDDIN, MOHAMMED J
2210 NW 183 ST
OPA LOCKA, FL 33056

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 title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

---

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	UDDIN, MOHHAMED J
STREET ADDRESS	15570 NW 12 ST
CITY-ST-ZIP	HOLLYWOOD, FL 33028
TITLE	SD
NAME	BHUIYAN, MONIR H
STREET ADDRESS	16384 4 NW 16 ST
CITY-ST-ZIP	HOLLYWOOD, FL 33028
TITLE	VPD
NAME	MONWARA, HOSSAIN
STREET ADDRESS	1839 NW 162 AVE
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	TD
NAME	SAMSON, NAHAR
STREET ADDRESS	940 NE 170 ST
CITY-ST-ZIP	MIAMI, FL 33162
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000697592
04/18/07-80047-013 150.00

DO NOT WRITE
IN THIS SPACE

---

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: _____ SEC.   03/05/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #