

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000041185

Entity Name: 786-F & S CORP

**FILED**  
**Sep 03, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

20655 SW 93RD AVE  
CUTLERBAY, FL 33189

**New Principal Place of Business:**

**Current Mailing Address:**

20655 SW 93RD AVE  
CUTLERBAY, FL 33189

**New Mailing Address:**

FEI Number: 20-0939092

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ISLAM, TAIJIL  
20655 SW 93RD AVE  
CUTLERBAY, FL 33189 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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ISLAM, TAIJIL  
Address: 13202 SW 38TH STREET  
City-St-Zip: MIAMI, FL 33175

Title: D ( ) Delete  
Name: FARUK, MOHAMMAD  
Address: 20655 SW 93RD AVE  
City-St-Zip: CUTLERBAY, FL 33189

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SHELLY, SALEHA N  
Address: 20655 SW 93RD AVE  
City-St-Zip: CUTLERBAY, FL 33189

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: TAIJUL ISLAM

D

09/03/2009

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

\_\_\_\_\_  
Date