

05-09-2007 90096 018 ***150.00
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2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 MAY 22 PM 3:46

STATE OF FLORIDA
TALLAHASSEE, FLORIDA
40108933



05012007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1040300

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ALTAMIMI, O.I.
12368 SW 10 ST
PEMBROKE PINES, FL 33025

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

O. I. Altamimi
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

MAY 1st 2007
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	DPS
NAME	ALTAMIMI, O.I.
STREET ADDRESS	12368 SW 10 ST
CITY - ST - ZIP	PEMBROKE PINES, FL 33025
TITLE	DV
NAME	AHMAD, I.S.
STREET ADDRESS	12368 SW 10 ST
CITY - ST - ZIP	PEMBROKE PINES, FL 33025
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

8/5/31

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 IKB empowered.

SIGNATURE: *O. I. ALTAMIMI*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 1st 2007 *954-445-6782*
Date Daytime Phone