

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

5/3/2005-90072-029-\$150.00-\$150.00

10f2

DOCUMENT # P04000110431

1. Entity Name

MEHAF ENTERPRISES, INC.



Principal Place of Business

1170 SW 103 AVENUE
PEMBROKE PINES FL 33025

Mailing Address

1170 SW 103 AVENUE
PEMBROKE PINES FL 33025

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

05

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

A. HADI FARID
1170 SW 103 AVENUE
PEMBROKE PINES FL 33025

Name

Street Address (P.O. Box Number is Not Acceptable)

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☐ Delete
NAME A. HADI FARID
STREET ADDRESS 1170 SW 103 AVENUE
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VT ☐ Delete
NAME FARID, MANSOOR E
STREET ADDRESS 11710 SW 9TH COURT
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05

954.722.7946

Date

Daytime Phone

15

20f2

MEHAF Enterprises Inc.
1170 S.W. 103 Avenue
Pembroke Pines, Fla. 33025

July 18, 2005

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Fla. 32314

Re: Annual Report
Corporation in Good Standing.

Gentlemen:

Enclosed herewith please find a copy of your notice of intent to dissolve
Copy of the front and back of the cancelled check and the annual report stating
that the FEIN Number is applied for.

Please reinstate the corporation as soon as possible and advise accordingly
so that we get the corp active.

Should you have any questions, please do not hesitate to call me at
954-292-0718

Thank you for help in this matter,

Sincerely,



A. Haddad

Encl: