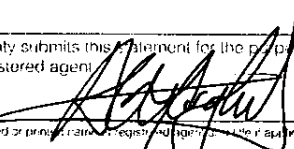
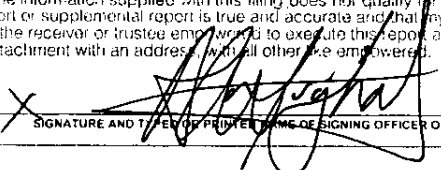


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2007 8:00 am
Secretary of State

07-19-2007 90022 005 ***550.00

DOCUMENT # P04000114203 1. Entity Name MUGHAL INC					
Principal Place of Business 517 MINORCA AVENUE MIAMI, FL 33134			Mailing Address 517 MINORCA AVENUE MIAMI, FL 33134		
2. Principal Place of Business - No P.O. Box # 400 Alton Rd		3. Mailing Address 400 Alton Rd.		 07162007 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc. Suite 1205		Suite, Apt. #, etc. Suite 1205			
City & State Miami Beach, FL		City & State Miami Beach, FL			
Zip 33139		Zip 33139			
Country USA		Country USA		4. FEI Number 20-3055220	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960				7. Name and Address of New Registered Agent 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:  7/16/07 (Signature of Registered Agent required when transferring)					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		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 NAME STREET ADDRESS CITY ST ZIP	MR MUGHAL, MOHAMMAD 517 MINORCA AVENUE MIAMI, FL 33134		☐ Delete		
TITLE NAME STREET ADDRESS CITY ST ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP			☐ Change ☐ Addition		
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 empowerments.					
SIGNATURE: 			7/16/07 305-761-6052		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		