

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 08:00 A
Secretary of State

DOCUMENT # P04000120930

1. Entity Name
RASAN INTERNATIONAL (U.S.A.), INC.



Principal Place of Business
914 NEW LAKE DR
PEMBROKE PINES, FL 33026

Mailing Address
914 NEW LAKE DR
PEMBROKE PINES, FL 33026



03282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2392038

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ACKBARALI, AMIRAH
914 NEW LAKE DRIVE
BOYNTON BEACH, FL 33426

**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	P
NAME	ACKBARALI, ANISA
STREET ADDRESS	914 NEW LAKE DR
CITY-ST-ZIP	PEMBROKE PINES, FL 33026
TITLE	VP
NAME	ACKBARALI, RAFIC
STREET ADDRESS	914 NEW LAKE DR
CITY-ST-ZIP	PEMBROKE PINES, FL 33026
TITLE	ST
NAME	ACKBARALI, AMIRAH
STREET ADDRESS	914 NEW LAKE DR
CITY-ST-ZIP	PEMBROKE PINES, FL 33026
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/07-80049-009 150.00

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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: Anisa Ackbarali - ANISA ACKBARALI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/01/07 (561) 338-2131

Daytime Phone #