## FOR PROFIT CORPORATION, , ANNUAL REPORT (AR)

| 200% FOR PROFIT CORPORATION, ANNUAL REPORT (AR)   |  |  |   | FILED<br>Aug 28, 2006 8:00 am   |  |
|---|--|--|---|---|--|
| DOCUMENT # P04000133160.  1. Entity Name  MIRZA ENTER PRISE INC.  |  |  |   | Secretary of 08-28-2006 90004 047   |  |
| DO NOT WRITE IN THIS SPACE  |  |  |   |   | £0000=0-                               |
| 2. Principal Place of Business 2408 N W 97 LANE Suite, Apt. #, etc. No  |  |  | 7 LANE  | CR2E034B (8/05  | 50026565                               |
| City & State CORAL SPRINGS FL CORAL ST  |  | City & State CORAL SPR   |   | 4. FEI Number<br>03 056 2288  | Applied For Not Applicable             |
| <sup>Zip</sup><br>330€  | SS-, Country<br>USA  | 33065  | USA   | Certificate of Status Desired      Name and Address of Current Registere  | \$8.75 Additional Fee Required d Agent |
| IN THIS SPACE   |  |  | Name  MIRZA MOHAMMAD 5  -Street Address (P.O. Box Number is Not Acceptable) 2408 N W 97 LAN.E  -:  City  CORAL SPRINGS  FL Zip Code 33065 |   |  |
| 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: Re, stered Agent signature required when reinstating)  DATE |  |  |   |   |  |
| January 1 - May 1 Fee is \$150.00  After May 1, Fee is \$550.00  Amended AR is \$61.25  Make Check Payable to Florida Department of State   |  |  |   | Election Campaign Financing     Trust Fund Contribution.  | \$5.00 May Be<br>Added to Fees         |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | P<br>MIRZA MOHAMM.<br>1408 NW 97 LAN<br>CORAL SPRINGS                | AD S   | TITLE NAME STREET ADDRESS CITY-ST-ZIP   | ,   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | OVATIONS<br>RR 22.00   | TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |
| TITLE .  NAME  STREET ADDRESS  CITY-SE-ZIP  | DIRECTOR DEV<br>A-LIA S N<br>835 NW 79 Tex Plant                     | 11RZA  | TITLE NAME STREET ADDRESS CHY-ST-ZIP  | DO-NOT-WRI  | FE                                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | DIRECTOR ACCOUNTS SHEHNAZ S_MIRZA 2408.NW 97 LN CORAL SPGS FL 33 065 |  | TITLE NAME STREET ADDRESS CITY-ST-ZIP   | IN THIS SPACE   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | - DIRECTOR ADVE<br>-SHEHBAZ H<br>2408 NW 97 LA<br>CORAL SPRINGS      | MIRZA  | TITLE NAME STREET ADDRESS CITY-ST-ZIP   | <u>.</u>  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | MANAGER BUS<br>SHAMEEM UN<br>2408 NW 97 L'ANE<br>FL 33               | INESS  | TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |
| indicated<br>of the co  | certify that the information supplied with to                        | his filing does not qualify for<br>true and accurate and that m<br>twered to execute this report | iv signature shall have th  | Section 119.07(3)(i), Florida Statutes. I further ce<br>e same legal effect as if made under oath; that I<br>607, Florida Statutes; and that my name appear | am an officer or director              |