


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 11, 2008 8:00 am**  
**Secretary of State**

06-11-2008 90001 031 \*\*\*150.00

<b>DOCUMENT # P05000023310</b>					
<b>1. Entity Name</b> <b>MUZIB INC.</b>					
<b>Principal Place of Business</b> 13417 S.W. 144 TERR MIAMI, FL 33186 US			<b>Mailing Address</b> 13417 S.W. 144 TERR MIAMI, FL 33186 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 03-0555779	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MUZAFFARR, SHAZAD H MR 13147 S.W 144 TERR MIAMI, FL 33186			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES MUZAFFARR, SHAZAD H MR 13417 S.W 144 TERR MIAMI, FL 33186		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i> <b>SHAZAD H. MUZAFFARR</b>			Date: <b>6/9/08</b> Daytime Phone #: <b>305-278-2113</b>		

# ATTACHMENT

May 2<sup>nd</sup>, 2008

Division of Corporations  
P.O. Box 8800  
Tallahassee, FL 32314

40108220  
#P05000023310

Re: Annual Report Notice

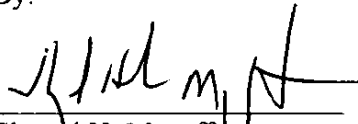
Dear Sir/Madam,

Attached is my application for my 2008 annual report. I am kindly asking that you waive the late fee as I have been going through several medical procedures over the last 10 days and have not been able to attend to it due to my absence from work.

Your assistance in this matter will be greatly appreciated. Thank you.

Regards,  
Muzib Inc.

By:



Shazad H. Muzaffar  
President  
13417 S.W. 144<sup>th</sup> Terrace  
Miami, FL 33186  
305-278-2113

/shm  
encl.