

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90203 013 ***150.00

DOCUMENT # P05000039376

1. Entity Name
KHADIJAH VISION, INC.



Principal Place of Business
**1102 LAKE BLANCHE DR
ORLADNO, FL 32808**

Mailing Address
**1102 LAKE BLANCHE DR
ORLADNO, FL 32808**

400080017



05012006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

5903 OLD WINTER GARDEN RD
Suite, Apt. #, etc.

3. Mailing Address

5903 OLD WINTER GARDEN RD
Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32835

Country

USA

Zip

32835

Country

USA

4. FEI Number

20-2502512

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUGRIM, CHANDRADAI
1102 LAKE BLANCHE DR
ORLADNO, FL 32808
5903 OLD WINTER GARDEN RD.
ORLANDO, FL 32835

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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SUGRIM, CHANDRADAI
STREET ADDRESS 1102 LAKE BLANCHE DR
CITY-ST-ZIP ORLADNO, FL 32808

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME SUGRIM, CHANDRADAI
STREET ADDRESS 5903 OLD WINTER GARDEN RD
CITY-ST-ZIP ORLANDO, FL 32835

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

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:

Chandradai Sugrim

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/01/06

Date

407-965-9466

Daytime Phone #