

# **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000053200

Entity Name: FAZAL AND SARA, INC.

**FILED**  
**Apr 18, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

PO BOX 101184  
CAPE CORAL, FL 33910

**New Principal Place of Business:**

4125 CLEVELAND AVENUE  
EDISON MALL, K-8  
FORT MYERS, FL 33901

**Current Mailing Address:**

PO BOX 101184  
CAPE CORAL, FL 33910

**New Mailing Address:**

FEI Number: 20-2697979      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KAYUSA, MICHAEL F ESQ  
1922 VICTORIA AVENUE SUITE A  
FORT MYERS, FL 33901      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPST      ( ) Delete  
Name: QURESHI, ASIF  
Address: PO BOX 101184  
City-St-Zip: CAPE CORAL, FL 33910

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP      ( ) Change (X) Addition  
Name: QURESHI, SALMA R MRS.  
Address: PO BOX 101184  
City-St-Zip: CAPE CORAL, FL 33910

Title: D      ( ) Change (X) Addition  
Name: QURESHI, SHAMIM A MRS.  
Address: PO BOX 101184  
City-St-Zip: CAPE CORAL, FL 33910

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ASIF J. QURESHI

DPST

04/18/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date