

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000053200

Entity Name: FAZAL AND SARA, INC.

FILED  
Apr 30, 2007  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

4125 CLEVELAND AVENUE  
EDISON MALL, #2030  
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:

QURESHI, SALMA R  
1209 SE 31 STREET  
CAPE CORAL, FL 33904 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: SALMA R QURESHI

VP

04/30/2007

Electronic Signature of Signing Officer or Director

Date