

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000053200

Entity Name: FAZAL AND SARA, INC.

FILED
Apr 13, 2008
Secretary of State

Current Principal Place of Business:

4125 CLEVELAND AVENUE
EDISON MALL, #2030
FORT MYERS, FL 33901

New Principal Place of Business:

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:

QURESHI, SALMA R
4125 CLEVELAND AVE
SUITE 2030
FORT MYERS, FL 33901 US

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: SALMA R QURESHI

04/13/2008

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: QURESHI, FAZAL R
Address: PO BOX 101184
City-St-Zip: CAPE CORAL, FL 33910

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

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

Title: D () Change (X) Addition
Name: QURESHI, SARA A
Address: P O BOX 101184
City-St-Zip: CAPE CORAL, FL 33910

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

P

04/13/2008

Electronic Signature of Signing Officer or Director

Date