## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an affachment with an address, with all other like empowered

SIGNATURE

Sam Choudhu

SIGNATURE AND TYPED OR PRINTED NAME OF GIGNING OFFICER OR DIRECTOR

## Jun 22, 2006 8:00 am **Secretary of State DOCUMENT # P05000064915** 05-03-2006 90235 002 \*\*\*150.00 1. Entity Name FAKHRU INC Principal Place of Business Mailing Address 66020408 1425 S. CONGRESS AVE 1425 S. CONGRESS AVE DELRAY BEACH, FL 33444 DELRAY BEACH, FL 33444 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04172006 CR2E034 (11/05) 4. FEI Number 2028 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHOWDHURY, FAKHRUL I Street Address (P.O. Box Number is Not Acceptable) 1192 NW 40TH AVE LAUDERHILL, FL 33313 Zip Code City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition Change TITLE ☐ Delete TITLE CHOWDHURY, FAKHRUL I NAME NAME STREET ADDRESS 1192 NW 40TH AVE STREET ADDRESS CITY-ST-2IP LAUDERHILL, FL 33313 CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Detete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY - ST - ZIP CITY-ST-ZIP Addition ☐ Chance TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

**FILED** 

Date

Daytime Phone #

ATTACHMENT

FROM :	FAX NO. :	Feb. 20 200	4 08:16AM P2
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