2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# P05000076127

Entity Name: IBRAHIM AND HAROON REALESTATE, INC.

Current Principal Place of Business:

1910 ROCKLEDGE BLVD
SUITE 101
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

1910 ROCKLEDGE BLVD
SUTE 101
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 51-0518082 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NIAZI, WASIM
1910 ROCKLEDGE BLVD
ROCKLEDGE, FL 32955 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: D ( ) Delete
Name: NIAZI, WASIM
Address: 2115 ROYAL OAKS DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: O ( ) Delete
Name: NIAZI, ZAKI
Address: 14825 WILLIS ROAD
City-St-Zip: HOUSTON, TX 77039

Title: VP ( ) Delete
Name: NIAZI, ZAKI
Address: 14835 WILLIS ROAD
City-St-Zip: HOUSTON, TX 77039

Title: S ( ) Delete
Name: NIAZI, RAZI
Address: 14835 WILLIS ROAD
City-St-Zip: HOUSTON, TX 77039

Title: T ( ) Delete
Name: NIAZI, NAEEM
Address: 14835 WILLIS ROAD
City-St-Zip: HOUSTON, TX 77039

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: NIAZI, WASIM
Address: 1910 ROCKLEDGE BLVD
City-St-Zip: ROCKLEDGE, FL 32955

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

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: WASIM NIAZI MD 01/17/2009
Electronic Signature of Signing Officer or Director Date