2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000115587

Entity Name: MAHA INVESTMENTS OF SOUTH FLORIDA, INC

FILED Sep 12, 2007 Secretary of State

The state of the s					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
6289 WEST SUNRISE BLVD., STE 123 SUNRISE, FL 33313			316 E ACRE DRIVE PLANTATION, FL 333	316 E ACRE DRIVE PLANTATION, FL 33317	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
6289 WEST SUNRISE BLVD., STE 123 SUNRISE, FL 33313			316 E ACRE DRIVE PLANTATION, FL 333	316 E ACRE DRIVE PLANTATION, FL 33317	
FEI Number:	FEI Numb	er Applied For (X) FEI	Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
MAHARAJH, AVANTI 6289 WEST SUNRISE BLVD., STE 123 SUNRISE, FL 33313 US			MAHARAJH, AVANTI 11336 WILES ROAD CORAL SPRING, FL		
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:				09/12/2007	
Electronic Signature of Registered Agent				Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete AJIM, SOONDARIE 316 EAST ACRE DRIVE PLANTATION, FL 33317		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete MAHARAJH, LALJIT 18966 CLOUD LAKE CIRCLI BOCA RATON, FL 33496	Ē	Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SEC

KHAN, OMA

TAMPA, FL 33647

20040 OAKFLOWER AVE

(X) Change () Addition

SIGNATURE: OMA KHAN SEC 09/12/2007

() Delete

Title:

Name:

Address:

City-St-Zip:

SEC

KHAN, OMA

6 VERMONT STREET

MELVILLE, NY 11747