

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000130500

Entity Name: LYNAB INC.

FILED
Mar 05, 2007
Secretary of State

Current Principal Place of Business:

10340 NW 48 CT
CORAL SPRINGS, FL 33076

New Principal Place of Business:

Current Mailing Address:

10340 NW 48 CT
CORAL SPRINGS, FL 33076

New Mailing Address:

FEI Number: 20-3528521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD STE 101
TALLAHASSEE, FL 323012960 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: DP () Delete
Name: HAQUE, ABM
Address: 10340 NW 48 CT
City-St-Zip: CORAL SPRINGS, FL 33076

Title: V () Delete
Name: RASHID, TAHMINA
Address: 10340 NW 48 CT
City-St-Zip: CORAL SPRINGS, FL 33076

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D () Change (X) Addition
Name: CHOUDHURY, MAROOF H
Address: 1488 NW 157 AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Change (X) Addition
Name: SULTANA, ROSY
Address: 1488 NW 157 AVE
City-St-Zip: PEMBROKE PINES, FL 33028

I hereby certify that the information supplied with this filing does not qualify for the 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: ABM HAQUE

DP

03/05/2007

Electronic Signature of Signing Officer or Director

_____ Date