

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000159949

1. Entity Name
AZIZ DISCOUNT BEAUTY SUPPLY 105, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 12 PM 12:08

Principal Place of Business
5260 SW 9 STREET
PLANTATION, FL 33317

Mailing Address
5260 SW 9 STREET
PLANTATION, FL 33317



05042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3977839

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAHMUD, MAKSUMUL
5260 SW 9 STREET
PLANTATION, FL 33317

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAHMUD, MAKSUMUL 5260 SW 9 STREET PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV UDDIN, MISBAH MD 5260 SW 9 STREET PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS AHAMED, SHAYKAT 5260 SW 9 STREET PLANTATION, FL 33317
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #