

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000159949

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



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

Mailing Address
5260 SW 9 STREET
PLANTATION, FL 33317

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 30 AM 8:46



04292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3977839	Applied For Not Applicable
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000130295520
06/05/08--01006--002 **888.75

**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 #

01/28/08

5/30