## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P06000006876

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

MIAMI, FL 33165

5320 SW 90TH CT.

MIAMI, FL 33165

SHAIKH, MOHAMMAD Z

(X) Delete

Entity Name: ISMAIL & HAMEEDA ENTERPRISES CORP.

FILED Jan 23, 2008 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:
5320 SW 90TH CT. MIAMI, FL 33165		5604 OLD CHENEY HIGHWAY ORLANDO, FL 32807
Current Mailing Address:		New Mailing Address:
5320 SW 90TH CT. MIAMI, FL 33165		5604 OLD CHENEY HIGHWAY ORLANDO, FL 32807
FEI Number:	FEI Number Applied For ( )	FEI Number Not Applicable (X) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:
KHAN, MOHAMMAD E 5320 SW 90TH CT. MIAMI, FL 33165 US		KHAN, MOHAMMAD E 5604 OLD CHENEY HIGHWAY ORLANDO, FL 32807 US
	named entity submits this statement for the $\mbox{\ensuremath{\beta}}$ e of Florida.	purpose of changing its registered office or registered agent, or both,
SIGNATURE: MOHAMMAD KHAN		01/23/2008
	Electronic Signature of Registered Ago	ent Date
	ce with s. 607.193(2)(b), F.S., the corporation did no	ot receive the prior notice.
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	D ( ) Delete KHAN, MOHAMMAD E 5320 SW 90TH CT. MIAMI, FL 33165	Title: VP (X) Change ( ) Addition Name: KHAN, MOHAMMAD E Address: 5604 OLD CHENEY HIGHWAY City-St-Zip: ORLANDO, FL 32807
Title: Name: Address: City-St-Zip:	D (X) Delete ADNAN, MOHAMMAD 5320 SW 90TH CT. MIAMI, FL 33165	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip: Title:	D () Delete IMRAN, MOHAMMAD 5320 SW 90TH CT. MIAMI, FL 33165 D (X) Delete	Title: P (X) Change ( ) Addition Name: IMRAN, MOHAMMAD Address: 5604 OLD CHENEY HIGHWAY City-St-Zip: ORLANDO, FL 32807  Title: ( ) Change ( ) Addition
Name: Address:	SHAIKH, MOHAMMAD A 5320 SW 90TH CT.	Name: Address:

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MOHAMMAD IMRAN P 01/23/2008

() Change () Addition