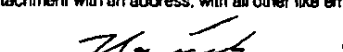


04-28-2008 90397 024 ***150.00

DOCUMENT # P06000011858				Secretary of State 04-28-2008 90397 024 ***150.00	
1. Entity Name NAJEEB, INC					
Principal Place of Business 7331 TAYLOR STREET HOLLYWOOD, FL 33024		Mailing Address 7331 TAYLOR STREET HOLLYWOOD, FL 33024			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-4198165 APPLIED FOR	
				☒ Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOYAL, PATRICK R 208 N. UNIVERSITY DRIVE PEMBROKE PINES, FL 33024			7. Name and Address of New Registered Agent Name Ahmed, Najeeb Street Address (P.O. Box Number is Not Acceptable) 7331 Taylor Street City Hollywood FL Zip Code 33024		
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  DATE 4-23-08 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AHMED, NAJEEB 7331 TAYLOR STREET HOLLYWOOD, FL 33024	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AHMED, NAFEEES 7331 TAYLOR STREET HOLLYWOOD, FL 33024	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA AHMED, NIDA 7331 TAYLOR STREET HOLLYWOOD, FL 33024	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC AHMED, NAZIA 7331 TAYLOR STREET HOLLYWOOD, FL 33024	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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: 		4-23-08		954-801-0058	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	