

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 20, 2007 8:00 am**  
**Secretary of State**

08-20-2007 90054 017 \*\*\*150.00

**DOCUMENT # P06000138156**

**1. Entity Name**  
**ALLAHAR PUBLISHING COMPANY**



**Principal Place of Business**  
**20201 CORAL SEA ROAD**  
**MIAMI, FL 33189**

**Mailing Address**  
**20201 CORAL SEA ROAD**  
**MIAMI, FL 33189**

**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**

07102007

Chg-P

CR2E034 (12/06)

**4. FEI Number**

**20-5420653**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ALLAHAR, LLOYD**  
**20201 CORAL SEA ROAD**  
**MIAMI, FL 33189**

**7. Name and Address of New Registered Agent**

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

**City**

**FL**

**Zip Code**

**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 registered)

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**

<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>ALLAHAR, LLOYD</b>	
<b>STREET ADDRESS</b>	<b>20201 CORAL SEA ROAD</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL 33189</b>	
<b>TITLE</b>	<b>VP</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>ALLAHAR, TAHIRA</b>	
<b>STREET ADDRESS</b>	<b>20201 CORAL SEA ROAD</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL 33189</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>ALLAHAR, ARSHAD</b>	
<b>STREET ADDRESS</b>	<b>20201 CORAL SEA ROAD</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL 33189</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>ALLAHAR, SORAYA</b>	
<b>STREET ADDRESS</b>	<b>20201 CORAL SEA ROAD</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL 33189</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>ALLAHAR, KHALID</b>	
<b>STREET ADDRESS</b>	<b>20201 CORAL SEA ROAD</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL 33189</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>ALLAHAR, KHALEEL</b>	
<b>STREET ADDRESS</b>	<b>20201 CORAL SEA ROAD</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL 33189</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 189, 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:** *Tahira Allahar*

SIGNATURE ALSO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/15/07**

Date

**(305) 238-5958**

Daytime Phone #