FEI

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 12, 2008 8:00 am Secretary of State

1. Entity Name URSHIL AZEEM, INC.					04-16-2008	3 90036	038 ***	150.00
Principal Place of Business 64 BARILOCHE DRIVE PUNTA GORDA, FL 33983		Mailing Address 64 BARILOCHE DRIVE PUNTA GORDA, FL 33983		6601	0433			
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt, #, etc.		Suite, Act. #. etc.		11830(1861 81) 01	FILL 198/L SWITH WORTH TON	SI NEN TBRD EI	'I'N LETTE BITTE EI	EULD TO BE IN ET
				03242008	Chg-P	CR2E0	34 (12/06)	
City & State		City & State		4. FEI Number	611077	95		pplied For of Applicable
Zip	Country	Zip	Country	5. Certificate of	Status Desired		\$8.75 Ad	
	6. Name and Address of Current	Registered Agent	N	7. Name and A	ddress of New R			
	URRAWAT:	_Name						
	OCHE DRIVE∜ ORDA, FL 33983		Street Address	s (P.O. Box Number	is Not Acceptable	ı) 		
The above named entity submits this statement for the purpose of changing			City			FL	Zip Cod	
the obligat	ritained entity storring this statement in tions of registered agent.	or the purpose of changing its	registered office of regist	ered agent, or both,	in the State of Fig	rida. 1 am t	imiliar with,	and accep
SIGNATURE.	Signature, typed or printed name of registered agen	and title if applicable. (NOT	E: Registered Agent signature requi	red when reinstating)	· 	DATE		
	E NOW!!! FEE IS \$150,00 ay 1, 2008 Fee will be \$550.	9. Election Campai Trust Fund Cont	ign Financing \$: ribution.	5.00 May Be Ided to Fees				
10.	OFFICERS AND		11.	ADDITIONS/CH	LANGES TO OFFI	CERS AND		
iire Iame	P SAYED, MURRAWAT 🗸	☐ Detete	TITLE HAME				☐ Change	☐ Addition
STREET ADORESS	64 BARILOCHE DRIVE PUNTA GORDA, FL 33983		STREET ADDRESS CITY-ST-ZIP					
ITLE	V	☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS	SAYED, MOHAMMED 64 BARILOCHE DRIVE	•	NAME STREET ADDRESS					
TY-\$1-2P	PUNTA GORDA, FL 33983		CITY-ST-ZIP					
TITLE	ST SAYED, SHAUKET	Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS City-St-21P	64 BARILOCHE DRIVE		STREET ADDRESS					
III.	PUNTA GORDA, FL 33983	☐ Deleta	DILE		-		Change	☐ Addition
IAME STREET A OO RESS			NAME Street address					
XTY-ST-ZIP 2		A STATE OF THE PARTY OF THE PAR	_CITY-SI-ZIP					•
NAME		☐ Delete	TILE NAME				Change	Addition
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			•		
TITLE NAME		☐ Delete	TITLE				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP				-	
12. I hereby o	certify that the information supplied wit	this filing does not qualify fo	the examptions contains	ed in Chapter 119, F	lorida Statutes. I f	unher cenif	y that the in	formation
or the cor	on this report or supplemental report in reporation or the receiver or trustee emp , or on an attachment with an address,	owered to execute this report with all other like empowered.	as required by Chapter 60	07, Florida Statutes; a	and that my name	appears in	Block 10 or	Block 11 if
SIGNAT	URE: Slume	PRINTED HAND OF BIGHING OFFICER	URRALUAT S	AYES) 0	3-31-6	98 9	4166	11110
	SIGNATURE AND TYPED OR	PRINTED HAMP OF BIGHING OFFICER	OR DIRECTOR		Cate	Cay	time Phone	p

941 627 0769