2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000112312

City-St-Zip:

POMPANO BEACH, FL 33066

Entity Name: MAHIR MODERNIZATION, INC.

FILED Aug 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2060 NORTHWEST 34TH AVENUE 801SE22ND AVE COCONUT CREEK, FL 33066 POMPANO BEACH, FL 33066 **Current Mailing Address: New Mailing Address:** PO BOX 667156 801SE 22ND AVE POMPANO BEACH, FL 33066 POMPANO BEACH, FL 33062 FEI Number: 26-1218289 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MICHAEL, MAHIR W MICHAEL, MAHIR W 2060 NW 34TH AVENUE 801SE 22ND AVE COCONUT CREEK, FL 33066 US POMPANO BEACH, FL 33062 US 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. SIGNATURE: 08/29/2008 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition MICHAEL, MAHIR W Name: Name: PO BOX 667156 Address: Address: City-St-Zip: POMPANO BEACH, FL 33066 City-St-Zip: Title: VPD Title: () Change () Addition () Delete MICHAEL, PRESTON M Name: Name: PO BOX 667156 Address: Address: POMPANO BEACH, FL 33066 City-St-Zip: City-St-Zip: Title: Title: SD () Delete () Change () Addition MICHAEL, PATRICIA L Name: Name: PO BOX 667156 Address: 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:

SIGNATURE: PATRICIA MICHAEL SD 08/29/2008