

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000118353

FILED
Feb 15, 2008
Secretary of State

Entity Name: FARUQUI LAW FIRM, P.A.

Current Principal Place of Business:

8930 W. STATE ROAD 84
SUITE 297
DAVIE, FL 33324

New Principal Place of Business:

Current Mailing Address:

8930 W. STATE ROAD 84
SUITE 297
DAVIE, FL 33324

New Mailing Address:

FEI Number: 26-1295876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARUQUI, MOHAMMAD AHMED
8930 W. STATE ROAD 84
SUITE 297
DAVIE, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FARUQUI, MOHAMMAD AHMED
Address: 8930 W. STATE ROAD 84
City-St-Zip: DAVIE, FL 33324

Title: V () Delete
Name: FARUQUI, BILAL AHMED
Address: 8930 W. STATE ROAD 84
City-St-Zip: DAVIE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: FARUQUI, BILAL AHMED
Address: 3324 W. UNIVERSITY AVE., #360
City-St-Zip: GAINESVILLE, FL 32607

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.

SIGNATURE: MOHAMMAD AHMED FARUQUI

PRES

02/15/2008

Electronic Signature of Signing Officer or Director

Date