2008 FOR PROFIT CORPORATION ANNUAL REPORT



FILED Apr 23, 2008 8:00 am Secretary of State

DOCUMENT # P07000125370 1. Entity Name SHONALI GULF COAST, INC.							04-23-2008	90014 02	25 ***150.	.00
Principal Place	e of Business	Ma	Mailing Address							
1156 N.W. 31ST. AVENUE FORT LAUDERDALE, FL 33311			1156 N.W. 31ST. AVENUE FORT LAUDERDALE, FL 33311				A PHIL 1881 BEN			BB) 44 (BB)
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04182008	Chg-P	CR2E0	34 (12/06)	
City & State			City & State			4. 51 Number	14871	96		olied For Applicable
Zip	Country		Zip Cour		try	5. Certificate	of Status Desired		\$8.75 Addi Fee Required	
	6. Name and Address of Cu	rrent Regist	ered Agent		7. Name and Address of New Registered Agent Name					
ISLAM, AZAZUL 1156 N. W. 31ST. AVENUE FORT LAUDERDALE, FL 33311					Street Address (P.O. Box Number is Not Acceptable)					
					City			FL	Zip Code	-
	named entity submits this statem ions of registered agent.	nent for the pa	urpose of changing its	registere	 ed office or regist	tered agent, or bo	th, in the State of F		- 1	and accept
SIGNATORE	Signature, typed or pricted name of registere	dingent and tide if	applicable. (NOT	E Registere	d Agent signature requi	red when reinstaling)		ÐATE		
FIL After Ma	E NOW!!! FEE IS \$150.0 ay 1, 2008 Fee will be \$	0 550.00	9. Election Campa Trust Fund Cont			5.00 May Be dded to Fees				
10.		AND DIREC	TORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTORS	IN 11
TITLE NAME STREET ADDRESS CHY-ST-ZIP	P ISLAM, AZAZUL 1156 N. W. 31ST. AVENUE FORT LAUDERDALE, FL. 3		☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS	VP ISLAM, SIRAJUL 1156 N. W. 31ST. AVENUE		☐ Delcte	THTLI NAM STRE					☐ Change	Addition
CITY-ST-ZIP	FORT LAUDERDALE, FL 3				-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. UDDIN, SHAMSUM N 1156 N. W. 31ST. AVENUE FORT LAUDERDALE, FL. 3		□ Delete						□ Change 	Addition
HILE NAME STREET ADDRESS CITY-ST-ZIP	TREA ISLAM, SAHERA 1156 N. W. 31ST. AVENUE FORT LAUDERDALE, FL. 3		☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP			☐ Oclete	TITL NAM STRE	E				☐ Change	Addition
THLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		I				☐ Change	Addition
indicated of the cor	certify that the information supplied on this report or supplemental reporation of the receiver or truster, or on an attachment with an add	aport is true a e empowered	nd accurate and that to execute this report	my signa Las requ	iture shall have th	ne same legal effe	at as if made unde	r oath: that t	am un officer	or director