

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000041623

1. Entity Name
ZULEKHA, INC.



Principal Place of Business
1408 S POWERLINE RD
POMPANO BEACH, FL 33069 US

Mailing Address
5796 NW 48TH DR
CORAL SPRINGS, FL 33067 US

FILED
Jul 22, 2008 08:00 AM
Secretary of State



07172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0423196	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAJID, SHAFI
5796 NW 48TH DR
CORAL SPRINGS, FL 33067-6015

**DO NOT WRITE
IN THIS SPACE**

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.

07/22/08-80002-019 150.00

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

TITLE	DPT
NAME	MAJID, AFZAL
STREET ADDRESS	5796 NW 48TH DR
CITY-ST-ZIP	CORAL SPRINGS, FL 330674015

TITLE	DVS
NAME	MAJID, SHAFI
STREET ADDRESS	5796 NW 48TH DR
CITY-ST-ZIP	CORAL SPRINGS, FL 330674015

TITLE	DV
NAME	MAJID, RUKSHANA S
STREET ADDRESS	5796 NW 48TH DR
CITY-ST-ZIP	CORAL SPRINGS, FL 330674015

TITLE	DV
NAME	MAJID, RAZIA A
STREET ADDRESS	5796 NW 48TH DR
CITY-ST-ZIP	CORAL SPRINGS, FL 330674015

TITLE	DV
NAME	ADNAN, MAJID
STREET ADDRESS	5796 NW 48TH DR
CITY-ST-ZIP	CORAL SPRINGS, FL 330674015

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-08

Date

Daytime Phone #