

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000052886

FILED
Jun 30, 2005
Secretary of State

Entity Name: PUNJAB M.M., INC.

Current Principal Place of Business:

9497 NW 7 AVE
MIAMI, FL 33150 US

New Principal Place of Business:

Current Mailing Address:

9497 NW 7TH AVE
MIAMI, FL 33150 US

New Mailing Address:

FEI Number: 65-0434125 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAHIR, JAMILA
16701 SW 63 MANOR
SW RANCHES, FL 33331 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

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:

Title: VP () Delete
Name: SHAREEF, RAMZAN
Address: 9497 NW 7TH AVE.
City-St-Zip: MIAMI, FL 33150

Title: STD () Delete
Name: ISMAIL, MOHAMMAD T
Address: 16701 SW 63 MANOR
City-St-Zip: SW RANCHES, FL 33331

Title: DP () Delete
Name: TAHIR, JAMILA
Address: 16701 SW 63 MANOR
City-St-Zip: SW RANCHES, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: ISMAIL, MOHAMMAD T
Address: 16701 SW 63 MANOR
City-St-Zip: SW RANCHES, FL 33331

Title: ST (X) Change () Addition
Name: TAHIR, JAMILA
Address: 16701 SW 63 MANOR
City-St-Zip: SW RANCHES, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 T. ISMAIL

P

06/30/2005

Electronic Signature of Signing Officer or Director

_____ Date