

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000085853

1. Entity Name
SHIFAT, INC.



Principal Place of Business

812 6TH ST
MIAMI BEACH, FL 33139

Mailing Address

6355 ALLISON RD.
MIAMI, FL 33141



02042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0456927

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOSSAIN, MOHAMMED S
8355 ALLISON RD
SECOND FLOOR, SUITE 200
MIAMI BEACH, FL 33141

**DO NOT WRITE
IN THIS SPACE**

3. 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.

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
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000273033
03/23/05-80013-003 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME HOSSAIN, MOHAMMED S
STREET ADDRESS 6355 ALLISON ROAD
CITY - ST - ZIP MIAMI BEACH, FL 33141

TITLE DVS
NAME HOSSAIN, JASMIN A
STREET ADDRESS 6355 ALLISON ROAD
CITY - ST - ZIP MIAMI BEACH, FL 33141

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IN THIS SPACE**

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

MOHAMMED S HOSSAIN

Date

Daytime Phone if

305-215-1405