

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 25, 2007 8:00 am
Secretary of State

05-25-2007 90027 040 ***150.00

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1. Entity Name
CARBIDE SHARPENING, INC.



Principal Place of Business
**4021 N E 6TH AVENUE
FORT LAUDERDALE, FL 33334 US**

Mailing Address
**4021 NE 6TH AVENUE
FORT LAUDERDALE, FL 33334 US**

50001610



05152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0508018

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JEHALUDI, MOHAMED A
4021 NE 6TH AVE
FORT LAUDERDALE, FL 33334**

**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.

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 14, 2007**

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTD
ALI JEHALUDI, MOHAMED
4021 NE 6TH AVE
FORT LAUDERDALE, FL 33334**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
JEHALUDI, BIBI
4021 N E 6TH AVENUE
FORT LAUDERDALE, FL 33334**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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CITY - ST - ZIP

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**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

Date

Daytime Phone #