


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000079164**  
 1. Entity Name  
**BAIG HOLDINGS CORPORATION**



Principal Place of Business      Mailing Address  
**1550 S.W. 27TH AVENUE**      **1550 S.W. 27TH AVENUE**  
**MIAMI, FL 33145**                      **MIAMI, FL 33145**

**DO NOT WRITE IN THIS SPACE**



03262006      No Chg-P      CR2E034 (11/05)

4. FEI Number <b>65-0530799</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**BAIG, NAIM**  
**13851 SW 105 STREET**  
**MIAMI, FL 33186**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	UN0000493546 04/20/06-80008-016 158.75
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10. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>BAIG, NAIM</b>
STREET ADDRESS	<b>13851 SW 105 STREET</b>
CITY-ST-ZIP	<b>MIAMI, FL 33186</b>
TITLE	<b>DT</b>
NAME	<b>BAIG, ASIF</b>
STREET ADDRESS	<b>1400 SW 27 AVE., APT. #205</b>
CITY-ST-ZIP	<b>MIAMI, FL 33145</b>
TITLE	<b>S</b>
NAME	<b>BAIG, SEEMA NAIM</b>
STREET ADDRESS	<b>13851 SW 105 STREET</b>
CITY-ST-ZIP	<b>MIAMI, FL 33186</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:**  **NAIM BAIG**      **03-27-006**      **(305) 244-9548**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #