

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000011139	
1. Entity Name DALAL OF MIAMI, INC.	

Principal Place of Business 12600 S.W. 8TH STREET MIAMI FL 33184	Mailing Address 12600 S.W. 8TH STREET MIAMI FL 33184
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2. Principal Place of Business Suite, Apt. #, etc. <i>Same</i> City & State <i>Same</i> Zip Country	3. Mailing Address Suite, Apt. #, etc. <i>Same</i> City & State <i>Same</i> Zip Country
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1st MOORE CR2E034 (10/05)

4. FEI Number **65-0559148** Applied For
Not Applied

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

6. Name and Address of Current Registered Agent
**DALAL, IQBAL
12600 S.W. 8TH STREET
MIAMI FL 33184**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
N/A
City
FL Zip Code

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]* DATE **4-3-06**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DALAL, IQBAL 1666 S.W. 136TH PLACE MIAMI FL 33175 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add U00000494218 04/20/06-80036-010 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DALAL, ASLAM 15116 S.W. 63RD TERRACE MIAMI FL 33193 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]* DATE **APR 14 2006** **305553460x**
Signature typed or printed name of signing officer or director