

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90174 047 ***150.00

DOCUMENT # P95000065279

1. Entity Name
ROSHNOOR, INC.



Principal Place of Business
16200 INDIAN TRACE
FT. LAUDERDALE, FL 32326

Mailing Address
16105 NE 18TH AVENUE
N MIAMI BEACH, FL 33162 US

DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0602783

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABDUL, MAJID MOOSA
16200 INDIAN TRACE
FORT LAUDERDALE, FL 33326

**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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEMANI, IQBAL N 16200 INDIAN TRACE FORT LAUDERDALE, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOOSA, A M 16200 INDIAN TRACE FORT LAUDERDALE, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOSSA, FAUZIA 16200 INDIAN TRACE FORT LAUDERDALE, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVD HEMANI, ALMAS 16200 INDIAN TRACE FORT LAUDERDALE, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *X* *Isaiah N. Heman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ISAIAH N. HEMANI

4/10/07

Date

Daytime Phone #

(954) 292-9405