2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000065279

HEMANI, ALMAS

16200 INDIAN TRACE

FORT LAUDERDALE, FL 33326

Name:

Address:

City-St-Zip:

Entity Name: ROSHNOOR, INC.

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 16200 INDIAN TRACE FT. LAUDERDALE, FL 32326 **Current Mailing Address: New Mailing Address: 16105 NE 18TH AVENUE** N MIAMI BEACH, FL 33162 US FEI Number: 65-0602783 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ABDUL, MAJID MOOSA 16200 INDIAN TRACE FORT LAUDERDALE, FL 33326 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Delete Title: () Change () Addition HEMANI, IQBAL N Name: Name: 16200 INDIAN TRACE Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33326 City-St-Zip: Title: PD Title: () Delete () Change () Addition Name: MOOSA, A M Name: 16200 INDIAN TRACE Address: Address: FORT LAUDERDALE, FL 33326 City-St-Zip: City-St-Zip: Title: Title: TD () Delete () Change () Addition MOSSA, FAUZIA Name: Name: 16200 INDIAN TRACE Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33326 City-St-Zip: Title: DVD () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ABDUL MAJID MOOSA D 04/15/2009