

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000069373**

1. Entity Name  
**AL-MADINA, INC.**



Principal Place of Business  
**4629 W. IRLO BRONSON MEM HWY  
KISSIMMEE, FL 34746 US**

Mailing Address  
**4629 W. IRLO BRONSON MEM HWY  
KISSIMMEE, FL 34746 US**



04202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3356438**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GASPERONI, JR. EMIL A.  
505 WEKIVA SPRINGS ROAD  
SUITE 800  
LONGWOOD, FL 32779**

**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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                |                              |
|----------------|------------------------------|
| TITLE          | D                            |
| NAME           | KAHN, BASHIR H               |
| STREET ADDRESS | 4629 W. IRLO BRONSON MEM HWY |
| CITY-ST-ZIP    | KISSIMMEE, FL 34746          |
| TITLE          | D                            |
| NAME           | KAHN, HASEEBA                |
| STREET ADDRESS | 4629 W. IRLO BRONSON MEM HWY |
| CITY-ST-ZIP    | KISSIMMEE, FL 34746          |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY-ST-ZIP    |                              |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY-ST-ZIP    |                              |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY-ST-ZIP    |                              |

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05/04/06-80032-025 150.00

**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

4/19/06

Date

407-396-1172

Daytime Phone #