

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90263 026 \*\*\*150.00

**DOCUMENT # P95000089260**

1. Entity Name  
**AHMAD ENTERPRISES CORP.**



Principal Place of Business

**3201 E 4 AVENUE  
HIALEAH, FL 33013**

Mailing Address

**4545 N.W. 7TH STREET  
12  
HIALEAH, FL 33126 US**

2. Principal Place of Business

3. Mailing Address

**4545 NW 7th STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**12**

City & State

City & State

**MIAMI, FL 33126 US**

Zip

Country

Zip

Country

**33126**

**USA**

01052005

Chg-P

CR2E034 (10/03)

4. FEI Number

**65-0624131**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAALI, ALEYA  
3201 E 4 AVENUE 1161 W 47th ST  
HIALEAH, FL 33013 HIALEAH, FL 33012**

Name

Street Address (P.O. Box Number is Not Acceptable)

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, 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **D MAALI, ALEYA**  
STREET ADDRESS **3201 E 4 AVENUE**  
CITY-ST-ZIP **HIALEAH, FL 33013**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



**Paulo Maali  
Aleya Maali  
1161 W 47th St  
Hialeah FL 33012-3318**

DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Aleya Maali*

**ALEYA MAALI**

**(305) 691 8522**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/12/05