

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000005734

1. Entity Name
THREE AND FAITH PROPERTIES, INC.



Principal Place of Business
**6701 BISCAYNE BLVD
MIAMI, FL 33137 US**

Mailing Address
**6701 BISCAYNE BLVD
MIAMI, FL 33137 US**



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0642096

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HUQ, EMRANUL
29495 S.W. 152ND AVENUE
LEISURE CITY, FL 33033**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

**U000000134242
04/28/04-80012-005 158.75**

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ISLAM, MANZURUL 112693 TORBOY DR BOCA RATON, FL 33428 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HUQ, EMRANUL 1660 SOUTH CURLEW LANE HOMESTEAD, FL 33035 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD NIRU, MOSHAMED 1757 SOUTH CURLEW LANE HOMESTEAD, FL 33035 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOSSAIN, NILUFAR 2025 NE 164 ST #603 MIAMI, FL 33162 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-21-04 *(25) 257-6506*
Date Daytime Phone #