FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P96000015242**1. Corporation Name

SHAHNOOR, INC.

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90015 004 ***150.00



Principal Place	of Business	Mailing Addre	:SS					
9417 HARDING AVENUE		9417 HARDING	9417 HARDING AVENUE					
SURFSIDE FL 33154		SURFSIDE FL 33154				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
	and the second s		· ·		· · ·	02/19/1996 Applie		
2. Principal Pl	ace of Business	2a. Mailing Address						
21		26				000011110	plicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired \$8.75 Additional Fee Required		
22		27	City & State				———	
City & State		[6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23			[28]					
Zip	Country	Zip	¬ '		uy	8. This corporation owes the current year Intangible Personal Property Tax. ▼ Yes No		
24	25	[29])		Personal Property Tax. Yes U		
	9. Name and Address of Curre	ent Registered Agei	nt		31 Name	To. Name and Address of New Registered Agent		
CAD	RUDDIN, SULEMAN				Name	. ,		
	•		82 Street A		32 Street Ac	ddress (P.O. Box Number is Not Acceptable)		
	7 HARDING AVENUE							
SUR	FSIDE FL 33154				83	•		
				-	B4 City		e	
	•			1		FL []		
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, F	lorida Statutes	the ab	ove-named co	orporation submits this statement for the purpose of changing its reg	istered	
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such ch pations of, Section 60	iange was auth 07.0505, Florid	orized a Statu	by the corporates.	ation's board of directors. I hereby accept the appointment as regist	ereu	
SIGNATURE	Signature, typed or printed name of registered ag	sent and title if applicable.	(NOTE: Re	austered A	gent signature requ	uired when reinstating) DATE	- (
12.		ND DIRECTORS	· · · · · · · · · · · · · · · · · · ·	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12	
TITLE	PD		DELETE	1.1 TITL	E	☐ Change ~ [Addition	
NAME	SADRUDDIN, SULEMAN			1.2 NAN	IE .	,		
STREET ADDRESS	9417 HARDING AVE.			1.3 STR	EET ADDRESS		ì	
	SURFSIDE FL 33154				r-ST-ZIP			
CITY-ST-ZIP TITLE	OCT. ODE 12 GOTO		DELETE	2.1 TITL		Change [Addition	
		_	_	2.2 NAN	- 1			
NAME					EET ADDRESS		Ì	
STREET ADDRESS							İ	
CITY-ST-ZIP			DELETE		Y-ST-ZIP	[] Change	Addition	
TITLE		۲.) DELETE	3.1 TITL				
NAME				3.2 NAM		•	}	
STREET ADDRESS	•				EET ADDRESS			
CITY-ST-ZIP			1		Y-ST-ZIP		Addition	
TITLE			DELETE	4.1 TITL	E į	☐ Change	Addition	
NAME				4. 2 NA	ME .		İ	
STREET ADDRESS				4.3 STF	EET ADDRESS		}	
CITY-ST-ZIP	•			4.4 CIT	/- ST-ZIP			
TITLE			DELETE	5.1 TiTl	E	☐ Change	☐ Addition	
NAME				5.2 NA	Æ		1	
STREET ADDRESS	•			5.3 STF	EET ADDRESS		İ	
CITY-ST-ZIP				5.4 CIT	r-ST-ZIP			
TITLE			DELETE	6.1 TITL		☐ Change	Addition	
	·		-	6.2 NAM	/E~-			
NAME					EET ADDRESS	, and the second of the second	• - {	
STREET ADDRESS					Y-ST-ZIP	_	- \	
CITY OT 7ID				■ U.4 UII	1-01-CIL	`	I .	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

305-866-0093