


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90303 017 ***150.00

DOCUMENT # P96000022796			
1. Entity Name 786 AISHA INC.			
Principal Place of Business 106 SOUTH FLAMINGO ROAD PEMBROKE PINES FL 33027		Mailing Address 106 SOUTH FLAMINGO ROAD PEMBROKE PINES FL 33027	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 65-0730523		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KARIM, MOHAMMED H 3001 BOGOTA AVENUE COOPER CITY FL		Name: <u>KARIM, MOHAMMED H.</u> Street Address (P.O. Box Number is Not Acceptable): <u>106 SOUTH FLAMINGO RD</u> City: <u>PEMBROKE PINES, FL</u> Zip Code: <u>33027</u>	

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: M. H. Kalin DATE: 3/30/04

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

<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
--	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D <input type="checkbox"/> Delete	NAME: KARIM, MOHAMMED H	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: KARIM MOHAMMED H.
STREET ADDRESS: 3001 BOGOTA AVENUE	CITY-ST-ZIP: COOPER CITY FL	STREET ADDRESS: 106 SOUTH FLAMINGO RD	CITY-ST-ZIP: PEMBROKE PINES 33027
TITLE: D <input type="checkbox"/> Delete	NAME: MAJID, AFZAL	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS: 1408 POWERLINE ROAD	CITY-ST-ZIP: POMPANO BEACH FL	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: D <input type="checkbox"/> Delete	NAME: NAVIWALA, QADAR	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS: 106 SOUTH FLAMINGO RD.	CITY-ST-ZIP: PEMBROKE PINES FL 33027	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: D <input type="checkbox"/> Delete	NAME: MAJID, SHAFI	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS: 1408 POWERLINE ROAD	CITY-ST-ZIP: POMPANO BEACH FL	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:

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: M. H. Kalin DATE: 3/30/04 DAYTIME PHONE #: (954) 437-0044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR