

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90017 048 ***150.00

DOCUMENT # P96000093091

1. Entity Name

IQRA, INC.



Principal Place of Business

**8700 N 50TH ST
101
TAMPA FL 33617
US**

Mailing Address

**PO BOX 291681
TAMPA FL 33687**

2. Principal Place of Business

8700 N 50TH ST

3. Mailing Address

PO BOX 291681

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33617

Country

Hillsborough

Zip

33687

Country

Hillsborough



MOORE

CR2E034 (11/03)

4. FEI Number

59-3429649

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ALI, PARVEZ
3320 W WISCONSIN AVE
TAMPA FL 33611**

7. Name and Address of New Registered Agent

Name

PARVEZ Ali

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

8700 N 50TH ST #101

City

TAMPA

FL

Zip Code

33617

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

2-5-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **ALI, PARVEZ**
STREET ADDRESS **8700 50TH AVE 101**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE **D** ☐ Delete
NAME **ARFIN, SULTAN-UL**
STREET ADDRESS **8700 N 50TH STREET APT 1402**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-5-04

(813) 6109081