

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90083 023 \*\*\*150.00

DOCUMENT # P96000093091

1. Entity Name

IQRA, INC.



Principal Place of Business

8700 NORTH 50TH STREET  
101  
TAMPA FL 33617  
US

Mailing Address

PO BOX 291681  
TAMPA FL 33687

2. Principal Place of Business

18103 Kara CT

3. Mailing Address

18103 Kara CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33647

Country

Hillsborough

Zip

33647

Country

Hillsborough

4. FEI Number

59-3429649

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

ALI, PARVEZ  
8700 N. 50TH ST. #101  
TAMPA FL 33617

7. Name and Address of New Registered Agent

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

2-2-06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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 NORTH AVE 101 18103 Kara CT  
CITY-ST-ZIP TAMPA FL 33617 33647

TITLE D ☐ Delete  
NAME ARFIN, SULTAN-UL  
STREET ADDRESS 8700 N 50TH STREET ART 1402 18213 Sandy Point  
CITY-ST-ZIP TAMPA FL 33617 33647

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  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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 exemptions contained in Section 119, 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:

Parvez Ali

(813)6109081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #