


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

|  |  |                                 |  |  |  |
|--|--|---------------------------------|--|--|--|
| <b>DOCUMENT # P96000093091</b><br>1. Entity Name<br>IQRA, INC.   |  |                                 |  |   |  |
| Principal Place of Business<br>18103 KARA CT<br>TAMPA FL 33647<br>US   |  |                                 | Mailing Address<br>18103 KARA CT<br>TAMPA FL 33647<br>US     |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  |                                 | 3. Mailing Address<br><br>Suite, Apt. #, etc.                |  |  |
| City & State   |  |                                 | City & State   |  |  |
| Zip  |  | Country                         |  | Zip  |  |
| Country  |  | Country                         |  | 4. FEI Number <b>59-3429649</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ALI, PARVEZ</b><br><b>8700 N. 50TH ST. #101</b><br><b>TAMPA FL 33617</b>   |  |                                 |  | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;"><b>FL</b></span> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |                                 |  |  |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2007 Fee Will Be \$550.00</b><br/> <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 60%;">         9. Election Campaign Financing <b>\$5.00</b> May Be<br/>         Trust Fund Contribution. <input type="checkbox"/> Added to Fees       </div> </div> |  |                                 |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | PD<br>ALI, PARVEZ<br>18103 KARA CT<br>TAMPA FL 33647         | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP               | <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div> <div style="text-align: center;"> <b>000000615916</b><br/> <b>02/07/07-80008-005 150.00</b> </div> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | D<br>ARFIN, SULTAN-UL<br>18213 SANDY POINT<br>TAMPA FL 33647 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP               | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <br><br><br>   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP               | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <br><br><br>   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP               | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <br><br><br>   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP               | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <br><br><br>   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP               | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>  |  |



1st MOORE CR2E034 (10/06)

4. FEI Number **59-3429649** Applied For Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

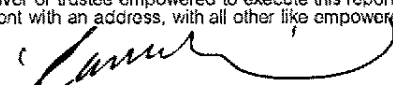
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS                     |  |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  |
|--|--|---------------------------------|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | PD<br>ALI, PARVEZ<br>18103 KARA CT<br>TAMPA FL 33647         | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> <div style="text-align: center;"> <b>000000615916</b><br/> <b>02/07/07-80008-005 150.00</b> </div> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | D<br>ARFIN, SULTAN-UL<br>18213 SANDY POINT<br>TAMPA FL 33647 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <br><br><br>   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <br><br><br>   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <br><br><br>   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <br><br><br>   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>  |  |

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:  **1-30-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #