



2004 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P97000060052 1. Entity Name SHAHZAD INTERPRISES INC.						FILED 04 MAY -4 PM 5:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3800 US HIGHWAY 98 NORTH LAKELAND, FL 33809				Mailing Address 3800 US HIGHWAY 98 NORTH LAKELAND, FL 33809			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number 59-3457426				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 SUTTER, BERNARD R 3036 BIG SKY BOULEVARD KISSIMMEE, FL 34741				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DHANANI, KABIRUDDIN 3209 WHITE DOVE LANE KISSIMMEE, FL 34746 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300036276573 05/13/04--01076--016 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
				Date		Daytime Phone #	

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Document Number

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Business Entity Name

SHAHZAD ENTERPRISES INC.

FEI Number

593457426

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired ☐ Yes ☒ No

Principal Place of Business

Address

3800 US HIGHWAY 98 NORTH

Suite, Apt. #, etc.

City, State

LAKELAND

FL

Zip Code & Country

33809

Mailing Address

Address

3800 US HIGHWAY 98 NORTH

Suite, Apt. #, etc.

City, State

LAKELAND

FL

Zip Code & Country

33809

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

SUTTER

BERNARD

R

-or- RA Business Name

Address

3036 BIG SKY BOULEVARD

Suite, Apt. #, etc.

City, State

KISSIMMEE

FL

Zip Code & Country

34741

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature



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Document Number

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Business Entity Name

SHAHZAD INTERPRISES INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State ,

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State ,

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State ,

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

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City, State	<input type="text"/>
Zip Code & Country	<input type="text"/>
Title	<input type="text"/>
Name (Last, First, Middle, Title)	<input type="text"/>
-or- Entity Name	<input type="text"/>
Street Address	<input type="text"/>
City, State	<input type="text"/>
Zip Code & Country	<input type="text"/>
Title	<input type="text"/>
Name (Last, First, Middle, Title)	<input type="text"/>
-or- Entity Name	<input type="text"/>
Street Address	<input type="text"/>
City, State	<input type="text"/>
Zip Code & Country	<input type="text"/>

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title
 Officer/Director Signature

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