2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** May 10, 2007 08:00 Al Secretary of State DOCUMENT # P97000080989 1. Entity Name MIRZA ASSOCIATES, INC. Principal Place of Business Mailing Address 13100 MUSTANG TRAIL SUITE 3000 13100 MUSTANG TRAIL FORT LAUDERDALE FL 33330 FORT LAUDERDALE FL 33330 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/06) 1st MOORE City & Stato 4. FEI Number City & Stato Applied For 65-0786202 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MIRZA, KHALID M Street Address (P.O. Box Number is Not Acceptable) 13100 MUSTANG TRAIL FORT LAUDERDALE FL 33330 City 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 life it applicable. (NOTE: Registered Ageni signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPST TITLE ☐ Delete Change ☐ Addition TITLE MIRZA, KHALID NAME NAME U00000764578 13100 MUSTANG TRAIL STREET ADDRESS STREET ADDRESS 05/31/07-80001-806 550.00 FORT LAUDERDALE FL 33330 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete Ш£ ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CUTY - ST - ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME: STRUCT ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP Addition TITLE ☐ Delete ☐ Change NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CSTY-ST-ZIP IIIŒ ☐ Delete Change ☐ Addition NAME. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-S1-ZIP IIIŒ Delete IIIE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY ST-ZIP 12. I heroby 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 logal effect as if made under eath, 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.

Daytime Phone #