## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P98000001982

HINA ASKARI, ESQ., P.A.



Principal Place of Business

Mailing Address

7000 WEST OAKLAND PARK BLVD. #302

P.O. BOX 290007 **DAVIE, FL 33329** 

FT. LAUDERDALE, FL 33313

## **FILED** Feb 28, 2007 8:00 am Secretary of State

02-28-2007 90005 006 \*\*\*150.00

40025621



DO NOT WRITE IN THIS SPACE

02212007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0803390

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ASKARI, HINA 7000 WEST OAKLAND PARK BLVD, SUITE 302 FORT LAUDERDALE, FL 33313

DO	NOT	WRITE
IN	THIS	SPACE

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							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ASKARI, HINA 7000 WEST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33313	#302					
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>				
TITLE 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 Chapter 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 his 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 adarress, with all other like empowered.

SIGNATURE: 4

CONSTURE AND TYPED OR PRINTED NAME OF EIGNING OFFICER OR DIRECTOR

HINA ASKARI, PRES

2/22/07

(954) 749-4061 Daytime Phone #