2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 19, 2004 8:00 am Secretary of State DOCUMENT # P98000003918 1. Entity Name 04-19-2004 90314 048 ***150.00 AHMAD ENERGY INC. Principal Place of Business Mailing Address 5781 N.W. 79TH AVE 5781 N.W. 79TH AVE MIAMI FL 33166 94056403 **MIAMI FL 33166** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State City & State 4. FEI Number Applied For 65-0806276 Not Applicable 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 AHMAD, SYED Street Address (P.O. Box Number is Not Acceptable) 5781 N.W. 79TH AVE **MIAMI FL 33166** City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE Delete TITLE Change ☐ Addition AHMAD, SYED NAME NAME STREET ADDRESS 13811 NW 23RD \$T STREET ADDRESS PEMBROKE PINES FL 33028 CITY-ST-ZIP CITY-ST-ZIP V5 vs TITLE ☐ Delete TITLE Change ☐ Addition Zuneria Muna-42 12953 N.W 18 manor NAME ZUNERIA, NUND-YZ NAME STREET ADDRESS 13165 NW 19TH ST STREET ADDRESS PEMBROKE PINES FL 33028 pembroke Pines F1-33028 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change 1 Addition SYED HAQUE NAME SYED, HAQUE NAME STREET ADDRESS 13165 NW 19TH ST STREET ADDRESS 12753 N.W 184 CITY-ST-ZIP PEMBROKE PINES FL 33028 CITY-ST-ZIP semboshe praco TITLE ☐ Delete TITLE SYED, SAJJAD AHMED NAME NAME 6790 NW 186ST ST. #420 STREET ADDRESS STREET ADDRESS HIALEAH FL 33015 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

(SYEDAHMAD)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED