

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90426 018 \*\*\*150.00

**DOCUMENT # P98000003918**

1. Entity Name  
**AHMAD ENERGY INC.**



Principal Place of Business  
**5781 N.W. 79TH AVE  
MIAMI, FL 33166**

Mailing Address  
**5781 N.W. 79TH AVE  
MIAMI, FL 33166**

40080183



03082006 Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0806276**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**AHMAD, SYED  
5781 N.W. 79TH AVE  
MIAMI, FL 33166**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	AHMAD, SYED	
STREET ADDRESS	13811 NW 23RD ST	
CITY - ST - ZIP	PEMBROKE PINES, FL 33028	
TITLE	VS	<input type="checkbox"/> Delete
NAME	QUNERIA, MUNA-UZ	
STREET ADDRESS	12953 NW 18TH MANOR	
CITY - ST - ZIP	PEMBROKE PINES, FL 33028	
TITLE	V	<input type="checkbox"/> Delete
NAME	SYED, HAQUE	
STREET ADDRESS	12953 NW 18TH MANOR	
CITY - ST - ZIP	PEMBROKE PINES, FL 33028	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SYED, SAJJAD AHMED	
STREET ADDRESS	6790 NW 186ST ST. #420	
CITY - ST - ZIP	HIALEAH, FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Syed Ahmad*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #