

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000006207**

1. Entity Name

SUB MASTERS OF BROWARD, INC.



Principal Place of Business

4002 SW 64 AVE  
DAVIE, FL 33314

Mailing Address

4002 SW 64 AVE  
DAVIE, FL 33314



02202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0805561**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ALI, SYED A  
15092 SW 17 STREET  
DAVIE, FL 33026

**DO NOT WRITE  
IN THIS SPACE**

6. 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  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U00000472966  
03/30/06-80015-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALI, SYED A
STREET ADDRESS	1509 SW 17 STREET
CITY-ST-ZIP	DAVIE, FL 33026
TITLE	D
NAME	SAEED, ARSHAD
STREET ADDRESS	7181 SW 20 PLACE
CITY-ST-ZIP	DAVIE, FL 33317
TITLE	D
NAME	BAKALI, MOHAMMED S
STREET ADDRESS	12121 NW 51 CT
CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	D
NAME	BAKALI, MOHAMMED U
STREET ADDRESS	1830 SW 81 TERR
CITY-ST-ZIP	DAVIE, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/06 (954) 792-6225  
Date Daytime Phone #