


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90049 020 ***150.00

DOCUMENT # P98000014689	
1. Entity Name UZMA'S CORPORATION	

Principal Place of Business 4125 N CLEVELAND AV. K-11 FORT MYERS FL 33901	Mailing Address 4125 N CLEVELAND AVE K-11 FORT MYERS FL 33901
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2. Principal Place of Business VENICIA Jewel.	3. Mailing Address
Suite, Apt. #, etc. K-11	Suite, Apt. #, etc.
City & State Fort Myers FL	City & State
Zip 33901	Country Lee

1st MOORE CR2E034 (10/05)

4. FEI Number 58-2374845	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent VENICIA JEWELERS 4125 N CLEVELAND AVE K-11 FORT MYERS FL 33901	
7. Name and Address of New Registered Agent	
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 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES IKRAM, KHAN 4125 N CLEVELAND AVE, SUITE K-11 FORT MYERS FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby 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 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: IKRAM KHAN IKRAM KHAN **04/15/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

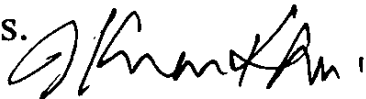
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#P98000014689

The Concerned Officer,
Florida Dept. of State
Division of Corporations.

Dear Sir/Madam,

We filed our annual report online for past several years. We were waiting for this year's notice. We haven't received any prior notices. As soon as we received this notice, we are submitting our report.

Thanks.



Ikram Khan.

Date: 5/16/06

President,
Uzma's Corporation
4125 Cleveland Ave
K-11
Fort Myers FL 33901