

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90029 037 ***150.00

DOCUMENT # P98000016515

1. Entity Name

AHMED RESTAURANT, INC.



Principal Place of Business

11301 ORANGE BLOSSOM TRAIL
103
ORLANDO FL 32837

Mailing Address

11301 ORANGE BLOSSOM TRAIL
103
ORLANDO FL 32837

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3494438

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

AHMRD, SHAMSUL I
12505 BEACON TREE WAY
ORLANDO FL 32837

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **AHMED, SHAMSUL I**
CITY-ST-ZIP **12505 BEACON TREE WAY**
ORLANDO FL 32837

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **AHMED, SHAAIDUL**
CITY-ST-ZIP **2232 BAY LEAF DR**
ORLANDO FL 32837

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SC**
STREET ADDRESS **AHMED, JAHED**
CITY-ST-ZIP **2232 BAY LEAF DR**
ORLANDO FL 32837

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MUHAMMAD J. AHMED**
STREET ADDRESS **2232 BAY LEAF DR.**
CITY-ST-ZIP **Orlando, FL 32837** (DIR)

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SALMA AHMED**
STREET ADDRESS **2232 BAY LEAF DR.**
CITY-ST-ZIP **Orlando, FL 32837** (DIR)

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **ROKAYA AHMED**
STREET ADDRESS **12505 BEACON TREE WAY**
CITY-ST-ZIP **Orlando, FL 32837** (DIR)

TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

3/2/06 907-970-1183