2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2007 8:00 am
Secretary of State
02-27-2007 90007 015 ***150.00

DOCUMENT # P98000016515

1. Entity Name
AHMED RESTAURANT, INC.

Principal Place of Business	Mailing Address
11301 ORANGE BLOSSOM TRAIL 103 ORLANDO FL 32837	11301 ORANGE BLOSSOM TRAIL 103 ORLANDO FL 32837 ~~4112 PEACHWOOD DR~~

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address 4112 PEACHWOOD Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Arlington TX.
City & State	City & State
Zip / Country	Zip 76016 / Country USA

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
AHMED, 12505 B ~~ORLANI~~ **SHAMSUL I. AHMED** 2232 BAY LEAF DR. ORLANDO, FL 32837-5905	Name ED, Street ~~AHMED, KHWOOD~~ Dr. **SHAMSUL I. AHMED** 2232 BAY LEAF DR. ORLANDO, FL 32837-5905 City ~~TX 76016~~ FL Zip Code 76016

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P AHMED, SHAMSUL I ~~12505 BEACON TREE WAY~~ ~~ORLANDO FL 32837~~	☐ Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 4112 PEACHWOOD DR. ARLINGTON TX 76016
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SHAMSDUL AHMED, ~~SHARDUL~~ ~~2232 BAY LEAF DR~~ ~~ORLANDO FL 32837~~	☐ Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	SHAMSDUL AHMED, ☐ Change ☐ Addition 11210 WORLEY AVE ORLANDO FL 32837.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SC AHMED, JAHED ~~2232 BAY LEAF DR~~ ~~ORLANDO FL 32837~~	☐ Delete	TITLE SC NAME STREET ADDRESS CITY-ST-ZIP	JAHED AHMED ☐ Change ☐ Addition 936 White Dove Dr. Arlington, TX 76017
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AHMED, MOHAMMED J ~~2232 BAY LEAF DR~~ ~~ORLANDO FL 32837~~	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 936 White Dove Dr. Arlington, TX 76017
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AHMED, SALMA 2232 BAY LEAF DR ORLANDO FL 32837	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AHMED, ROKEYA ~~12505 BEACON TREE WAY~~ ~~ORLANDO FL 32837~~	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 4112 PEACHWOOD DR. ARLINGTON, TX 76016

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: _____ 2/18/07 402-770-1183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #