

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90198 045 ***150.00

DOCUMENT # P98000044592

1. Entity Name
FAWAD, INC.



Principal Place of Business
**7204 S. DIXIE HWY
WEST PALM BEACH, FL 33405**

Mailing Address
**5008 NW 113TH AVENUE
CORAL SPRINGS, FL 33076**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02132004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3512586

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

**ARIF, FAWAD M
3700 CURRY FORD ROAD
UNIT #X32
ORLANDO, FL 32806**

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **ARIF, FAWAD M**
STREET ADDRESS **10164 NW 31ST COURT**
CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE **DV** ☒ Delete
NAME **GHANIWALA, WAHID**
STREET ADDRESS **13036 NW 14TH STREET**
CITY-ST-ZIP **PEMBROKE PINES, FL 33028**

TITLE **DV** ☐ Delete
NAME **ABID, ABDUL**
STREET ADDRESS **10164 NW 31ST STREET**
CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE **DS** ☒ Delete
NAME **BAKALI, MOHAMMED S**
STREET ADDRESS **2863 SW 13TH DRIVE**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE **DT** ☒ Delete
NAME **MOTEN, ANWAR**
STREET ADDRESS **5008 NW 113TH AVENUE**
CITY-ST-ZIP **CORAL SPRINGS, FL 33076**

TITLE **D** ☒ Delete
NAME **MYSOREWALA, IDRIS**
STREET ADDRESS **19420 NW 3RD CT**
CITY-ST-ZIP **POMPANO BEACH, FL 33029**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 exemption stated in Section 119.07(3)(i), 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

03-25-04

Date

Daytime Phone #

(561)644-7041