2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000051972

Entity Name: MASHAHALLA, INC.

City-St-Zip:

DAVIE, FL 33330

FILED Mar 21, 2006 Secretary of State

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Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
4701 N.W. 167TH ST. MIAMI, FL 33055				4701 N.W. 167TH ST. MIAMI GARDEN, FL 33055	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
4701 N.W. 167TH ST. MIAMI, FL 33055			4701 N.W. 167TH ST. MIAMI GARDEN, FL 33055		
FEI Number	: 65-0840425	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
BHULLAR 166 E. RO DAVIE, FL	YAL COVE C	_			
The above in the State	named entity e of Florida.	/ submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electro	onic Signature of Registered Age	ent	Date	
Election Car	mpaign Financi	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (BHULLAR, AL 3080 SW 130 DAVIE, FL 33	TH TERR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BHULLAR, AZ	YAL COVE CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	AHMAD R., A	X) Delete LI)TH TERRACE	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ALLOUDIN BHULLAR P 03/21/2006