FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000075793 1. Corporation Name

AFSHAN, INC.

Mar 03, 1999 8:00 am Secretary of State 03-03-1999 90024 042 ***150.00



Principal Place of Business	Mailing Address			1000; 91;11 10010 (0199 (()) (09)
1886 W BAY DRIVE	1886 W BAY DRIVE			•
LARGO FL 33771	LARGO FL 33771		DO NOT WRITE IN THIS	COACE .
			3. Date Incorporated or Qualifed	SPACE
			08/27/1998	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3530100	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27			Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28	0	Trust Fund Contribution	Added to Fees
Zip Coun	· — ·	Country	This corporation owes the current year In Personal Property Tax.	tangible ☐ Yes ☐ No
24 25 25 Alama and Add	29 ress of Current Registered Agent	30	10. Name and Address of New Registered	
9. Name and Add	iess of current registered Agent	81 Name	5 - AA 1 1 0	
Jaffri, Afshan		K	ASHIF Wellde	
1886 W BAY DRIVE		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
LARGO FL 33771		83	SO CO ST ROOF DADE	
		84 City /_ (ovao FL	85 Zip Code 22→ → /
11. Pursuant to the provisions of Se	ections 607.0502 and 607.1508, Florida Statute	es the above-named cor	rooration submits this statement for the purpose of	f changing its registered
office or registered agent, or bot	th, in the State of Florida. Such change was a ccept the offligations of, Section 607.0505, Flo	uthorized by the corporal	tion's board of directors. I hereby accept the appo	intment as registered
	LIASHIP Preside		1-12-9	79
SIGNATURE Signature byped or afinted nar		Registered Agent signature requir	red when reinstating) DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME		1.2 NAME	soishif Mehdi	
STREET ADDRESS		1.3 STREET ADDRESS	1886 west Bay Dive	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Largo, fc 33778	
TITLE	☐ DELETE	. 2.1 TITLE	9 .	☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		į
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	The same of the sa	Change Addition
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP	□ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
TITLE	_ OLLETE	4.1 IIICE 4.2 NAME		
NAME				
STREET ADDRESS		4.3 STREET ADDRESS		[
CITY-ST-ZIP	☐ DELETE	4.4 CITY- ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
TITLE NAME		5.2 NAME		
		5.3 STREET ADDRESS	•	Ì
STREET ADDRESS CITY-ST-ZIP		5.4 C/TY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		Change Addition
NAME	_	6.2 NAME		!
		0.2 NAME		Į.

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: