


**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90377 046 ***150.00

DOCUMENT # P98000097738	
1. Entity Name BAKSH ENTERPRISES, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1208 NE 8th AVE Suite, Apt. #, etc. FT LAUD. City & State FL Zip 33304 Country USA		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
---	--	---	--

4. FEI Number 650357590	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

CR2E034B (8/05)

40061229

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name MONIEER BAKSH	
Street Address (P.O. Box Number is Not Acceptable) 1424 NE 18th AVE.	
City FT LAUD	FL Zip Code 33304

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MONIEER BAKSH (PRESIDENT) 1424 NE 18th AVE FT LAUD FL 33304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALANA BAKSH (VICE PRESIDENT) 1424 NE 18th AVE FT LAUD FL 33304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEGAN BAKSH (TREASURARY) 1424 NE 18th AVE FT LAUD FL 33304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **MONIEER BAKSH** *M. Baksh* **3.3.06 954467-1627**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #