

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 16, 2004 08:00 AM  
Secretary of State

DOCUMENT # P98000097869

1. Entity Name  
MEHRUN, INC.



Principal Place of Business

3177 N. STATE ROAD 7  
BAY #9  
MARGATE, FL 33063

Mailing Address

3177 N. STATE ROAD 7  
BAY #9  
MARGATE, FL 33063

DO NOT WRITE IN THIS SPACE



04012004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0877076

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAJID, SHAFI  
3177 N. STATE ROAD 7  
BAY #9  
MARGATE, FL 33063

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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 PD  
NAME AZIZ, MAHMOOD  
STREET ADDRESS 3177 N. STATE ROAD 7  
CITY-ST-ZIP MARGATE, FL 33063

TITLE VPD  
NAME MAJID, SHAFI  
STREET ADDRESS 3177 N. STATE ROAD 7  
CITY-ST-ZIP MARGATE, FL 33063

TITLE SD  
NAME AZIZ, AKHTER  
STREET ADDRESS 3177 N. STATE ROAD 7  
CITY-ST-ZIP MARGATE, FL 33063

TITLE V  
NAME DADA, KHATOON  
STREET ADDRESS 3177 N STATE ROAD #7  
CITY-ST-ZIP MARGATE, FL 33063

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000115130  
04/16/04-80011-018 150.00

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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

April 9, 2004 9:49:11-1925

Date

Daytime Phone #