## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000097869

Entity Name: MEHRUN, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3177 N. STATE ROAD 7 5336 NW 116 AVENUE

BAY #9 CORAL SPRINGS, FL 33076 US MARGATE, FL 33063

Current Mailing Address: New Mailing Address:

3177 N. STATE ROAD 7 5336 NW 116 AVE

BAY #9 CORAL SPRINGS, FL 33076 US MARGATE, FL 33063

FEI Number: 65-0877076 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAJID, SHAFI AZIZ, MAHMOOD 3177 N. STATE ROAD 7 5336 NW 116 AVE

BAY #9 CORAL SPRINGS, FL 33076 US MARGATE, FL 33063 US

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.

SIGNATURE: MAHMOODAZIZ 04/30/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 AZIZ, MAHMOOD
 Name:
 AZIZ, MAHMOOD

 Address:
 3177 N. STATE ROAD 7
 Address:
 5336 NW 116 AVE

City-St-Zip: MARGATE, FL 33063 City-St-Zip: CORAL SPINRGS, FL 33076 US

Title: VPD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MAJID, SHAFI
 Name:

 Address:
 3177 N. STATE ROAD 7
 Address:

 City-St-Zip:
 MARGATE, FL 33063
 City-St-Zip:

Title: SD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 AZIZ, AKHTER
 Name:

 Address:
 3177 N. STATE ROAD 7
 Address:

 City-St-Zip:
 MARGATE, FL 33063
 City-St-Zip:

Title: V (X) Delete Title: ( ) Change ( ) Addition

 Name:
 DADA, KHATOÓN
 Name:

 Address:
 3177 N STATE ROAD #7
 Address:

 City-St-Zip:
 MARGATE, FL 33063
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: MAHMOODAZIZ PD 04/30/2007