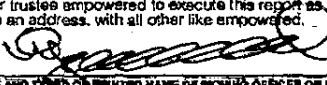


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000013886		
1. Entity Name KHUBAIB TEXTILE AND KNIT WEAR, INC.		
Principal Place of Business 3230 FALCON POINTE DRIVE KISSIMMEE, FL 34741		Mailing Address 3230 FALCON POINTE DRIVE KISSIMMEE, FL 34741
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MALDONADO, YANIRA E 3230 FALCON POINTE DRIVE KISSIMMEE, FL 34741		 04262005 No Chg-P CR2E034 (10/03) 4. FEI Number 59-3555536 Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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.		DO NOT WRITE IN THIS SPACE
SIGNATURE _____ Signature typed or printed name of registered agent and file it applicable (NOTE: Registered Agent signature required when releasing)		DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000353539 05/03/05-80071-007 150.00 DO NOT WRITE IN THIS SPACE
TITLE	D	
NAME	KHAN, AAMIR	
STREET ADDRESS	3230 FALCON POINTE DR.	
CITY-ST-ZIP	KISSIMMEE, FL 34741	
TITLE	D	
NAME	MUJAHID, MEHMOOD A	
STREET ADDRESS	3230 FALCON POINTE DRIVE	
CITY-ST-ZIP	KISSIMMEE, FL 34741	
TITLE	D	
NAME	KHAN, KHUBAIB A	
STREET ADDRESS	3230 FALCON POINTE DR.	
CITY-ST-ZIP	KISSIMMEE, FL 34741	
TITLE	D	
NAME	KHAN, MOHAMMED S	
STREET ADDRESS	3230 FALCON POINT DR.	
CITY-ST-ZIP	KISSIMMEE, FL 34741	
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)(b), 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 637, 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: 		04/30/05 407-709-1060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #