

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 02, 2005 08:00 AM  
Secretary of State

DOCUMENT # P99000070713

1. Entity Name

NOOR BUSINESS, INC.



Principal Place of Business

8700 E. COLONIAL DR  
ORLANDO FL 32817

Mailing Address

8700 E. COLONIAL DR  
ORLANDO FL 32817



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number 59-3591799

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ANIS, RIMLA  
849 SOUTH WYMORE ROAD, #47-B  
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name

U/S

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME ISLAM, MOHAMMED N MR.  
STREET ADDRESS 846 WYMORE RD., 47B  
CITY- ST- ZIP ALTAMONTE SPRINGS FL 32714

TITLE S ☐ Delete  
NAME ANIS, RIMLA  
STREET ADDRESS 849 S WYMORE RD 47B  
CITY- ST- ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 1000000285356  
CITY- ST- ZIP 04/02/05-80042-005 150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Mohammed N. Islam*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-05-407-273-7086  
Date Daytime Phone #