

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90017 025 \*\*\*150.00

**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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

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

7. Name and Address of New Registered Agent

ANIS, RIMLA  
846 WYMORE RD. 47B  
ALTAMONTE SPRINGS FL 32714

Name

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 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 NAME	PD ISLAM, MOHAMMED N MR.	<input type="checkbox"/> Delete
STREET ADDRESS	846 WYMORE RD., 47B	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE NAME	S ANIS, RIMLA	<input type="checkbox"/> Delete
STREET ADDRESS	849 S WYMORE RD 47B	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PD ISLAM, MOHAMMED N.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	581 RIDGELINE RUN	
CITY - ST - ZIP	LONGWOOD, FL 32750	
TITLE NAME	S ANIS, RIMLA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	581 RIDGELINE RUN	
CITY - ST - ZIP	LONGWOOD, FL - 32750	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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]* **PRESIDENT**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-21-07 407-273-7086**

(Date)

(Day/1st 2 Phone #)