2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Nuruddin Rajwany

Mar 18, 2004 8:00 am Secretary of State DOCUMENT # P99000077497 1. Entity Name 03-18-2004 90017 001 ***150.00 FAIZAAN II, INC. Principal Place of Business Mailing Address 5930 CORAL RIDGE DR CORAL SPRINGS FL 33076 5930 CORAL RIDGE DR CORAL SPRINGS FL 33076 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 65-0949704 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JAMES B. LYON, ESO LYON, JAMES B Street Address (P.O. Box Number is Not Acceptable) 1881 UNIVERSITY DRIVE 3300 University Drive SUITE 206 CORAL SPRINGS FL 33071 Suite 802 Zip Code 33065 Coral Springs 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. 03-16-2004 SIGNATURE ed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME RAJWANY, NURUDDIN NAME Rajwany, Muruddin STREET ADDRESS 8175 WILES ROAD STREET ADDRESS 8175 Wiles Road CITY-ST-ZIP CORAL SPRINGS FL 33067 CITY-ST-ZIP Coral Springs, FL 33067 Delete TITLE ☐ Change Addition NAME Rajwany, Badruddin STREET ADDRESS STREET ADDRESS 8175 Wiles Road CITY-ST-7IP CITY-ST-ZIP Coral Springs, TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DT) F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FILED

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