

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000087702

FILED  
May 08, 2004  
Secretary of State

Entity Name: MAHMUDA ENTERPRISES, INC.

## Current Principal Place of Business:

1892 NORTH NOVA RD  
HOLLY HILL, FL 32117

## New Principal Place of Business:

## Current Mailing Address:

1892 NORTH NOVA RD  
HOLLY HILL, FL 32117

## New Mailing Address:

511 ARBOR LAKES CIR  
SANFORD, FL 32771

FEI Number: 59-3602963

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIDDIQUI, A. MUBASHIR  
1892 NORTH NOVA RD  
HOLLY HILL, FL 32117

## Name and Address of New Registered Agent:

SIDDIQUI, A. MUBASHIR  
511 ARBOR LAKES CIR  
SANFORD, FL 32771

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: AIZAZ SIDDIQUI

05/08/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SIDDIQUI, A. MUBASHIR  
Address: 1892 NORTH NOVA RD  
City-St-Zip: HOLLY HILL, FL 32117

Title: D ( ) Delete  
Name: MALIK, MANSURA T  
Address: 1892 NORTH NOVA RD  
City-St-Zip: HOLLY HILL, FL 32117

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AIZAZ SIDDIQUI

D

05/08/2004

Electronic Signature of Signing Officer or Director

Date