## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P99000094644

1. Entity Name AHMAD 2000, INC.



Principal Place of Business

27801 SOUTH DIXIE HWY MIAMI, FL 33032

Mailing Address

27801 SOUTH DIXIE HWY MIAMI, FL 33032

## FILED May 01, 2008 08:00 AN Secretary of State



02072008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1095801

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HASSAN, AZZAM 27801 SOUTH DIXIE HWY MIAMI, FL 33032

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MIAMI, FL 33032			IN THIS SPACE			
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familia	ar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	d applicable. (NOTE: Registered	i Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00				\$5.00 May Be Added to Fees	U00000939795 05/28/08~80040-003	150.00
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTVS HASSAN, AZZAM 27801 SOUTH DIXIE HWY MIAMI, FL 33032					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASSAN, AZZAM 27801 SOUTH DIXIE HWY MIAMI, FL 33032					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

HASSAN, AZZAN 3-01-08 786-252-28-55-