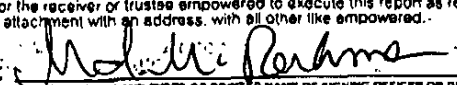


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # S64360 1. Entity Name SHADI OF NAPLES, INC.		
Principal Place of Business 583 107TH AVE. NORTH NAPLES, FL 33963		Mailing Address 13056 VALEWOOD DR NAPLES, FL 33963
DO NOT WRITE IN THIS SPACE		
		04252007 No Chg-P CR2E034 (11/05)
4. FEI Number 65-0310962		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent RAHMAN, MD. MAKSUDUR 583 107TH AVE NORTH NAPLES, FL 33963		DO NOT WRITE IN THIS SPACE
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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RAHMAN, MAKSUDUR 13056 VALEWOOD DRIVE NAPLES, FL 34119	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RAHMAN, FAHMIDA 13056 VALEWOOD DRIVE NAPLES, FL 34119	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/26/07 Date Daytime Phone

000000749147
05/18/07-80011-010 150.00

**DO NOT WRITE
IN THIS SPACE**