


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90173 020 ***150.00

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| 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 | | |
| 2. Principal Place of Business - No P.O. Box # 13056 VALEWOOD DRIVE | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. NAPLES FLORIDA | | Suite, Apt. #, etc. | | | |
| City & State FLORIDA | | City & State | | 4. FEI Number 65-0310962 | |
| Zip 34119 | | Country COLLIER | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent RAHMAN, MD. MAKSUDUR 583 107TH AVE NORTH NAPLES, FL 33963 | | | | 7. Name and Address of New Registered Agent 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 <i>Md. M. Rahman</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | MD. MAKSUDUR RAHMAN <small>(NOTE: Registered Agent signature required when reinstating)</small> | | 4-28-08 <small>DATE</small> | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP RAHMAN, MAKSURDUR 13056 VALEWOOD DRIVE NAPLES, FL 34119 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST RAHMAN, FAHMIDA 13056 VALEWOOD DRIVE NAPLES, FL 34119 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <i>Md. M. Rahman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | MD. MAKSUDUR RAHMAN | | 4/28/08 <small>Date Daytime Phone #</small> | |