


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # S91756 1. Entity Name MOOSA OF MIAMI, INC.	
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Principal Place of Business 1253 S PINE ISLAND ROAD PLANTATION, FL 33324	Mailing Address 16105 N.E. 18TH AVE. N. MIAMI BEACH, FL 33162-4749
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01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0334951	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MOOSA, ABDUL MAJID 1253 S PINES ISLAND ROAD PLANTATION, FL 33324
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	PD MOOSA, ABDUL M 1253 S PINES ROAD PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEMANI, IQBAL 1253 S PINES ROAD PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALMAS, HEMANI 1253 S PINES ROAD PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAUZIA, MOOSA 1253 S PINES ROAD PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/09/06-80073-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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: X Iqbal M. HEMANI, Iqbal M. HEMANI 2/23/6 1454/424-8303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #