

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90174 048 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # S91756**

1. Entity Name  
**MOOSA OF MIAMI, INC.**



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**

**40059877**



01052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0334951**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MOOSA, ABDUL MAJID  
1253 S PINES ISLAND ROAD  
PLANTATION, FL 33324**

**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, 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	PD
NAME	MOOSA, ABDUL M
STREET ADDRESS	1253 S PINES ROAD
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	SD
NAME	HEMANI, IQBAL
STREET ADDRESS	1253 S PINES ROAD
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	TD
NAME	ALMAS, HEMANI
STREET ADDRESS	1253 S PINES ROAD
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	D
NAME	FAUZIA, MOOSA
STREET ADDRESS	1253 S PINES ROAD
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: *Iqbal N. Heman* **IQBAL N. HEMANI** 4/10/07 (954) 292-9405  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #