2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

SIGNATURE:

FILED Apr 07, 2008 08:00 Al Secretary of State DOCUMENT # V45674 1. Entity Name KAMRAN & RIZWAN ENTERPRISES, INC. Principal Place of Business Mailing Address 8565 SW 24TH ST 8565 SW 24TH ST STE 101 **STE 101** MIAMI FL 33155 MIAMI FL 33155 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0343491 Not Applicable Ziρ Ζip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AVCHEN, BARNEY B. Street Address (P.O. Box Number is Not Acceptable) **SUITE 226** 1840 WEST 49TH STREET HIALEAH FL 33012 City 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 Signature, typod or printed Harre of registroad rident and the if is preasile (NOTE: Registered Agent eignistum required when reinstitling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Derete TITLE ☐ Change Addition AKHTER, PERVEZ NAME NAME UQOQQQ885686 11969 SW 72 TERR STREET ADDRESS STREET ADORESS 04/13/08-80024-004 150.00 CITY- ST- 70 MIAMI FL CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition AKHTER, HUSSINA NAME NAME STREET ADDRESS 11969 SW 72 TERR STREET ADDRESS CiTY-ST-ZIP MIAMI FL CITY-ST-ZIF THE Derete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ De ete TITLE ☐ Change ■ Addstion NAM." Маме STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Derete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Charige Addition ... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

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