2008 FOR PROFIT CORPORATION

ANNUAL REPORT

Feb 28, 2008 8:00 am **Secretary of State**

02-28-2008 90010 010 ***158.75 DOCUMENT #V52113 KHAN & KHAN, INC. 40034617 Principal Place of Business Mailing Address 2476 N. FEDERAL HWY 2476 N. FEDERAL HWY LIGHT HOUSE POINT, FL 33064 LIGHT HOUSE POINT, FL 33064 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 02132008 City & State City & State 4. FEI Number Applied For 65-0346649 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KAHN, MOONEER Street Address (P.O. Box Number is Not Acceptable) 2476 N. FEDERAL HWY LIGHTHOUSE POINT, FL 33064 Zip Code FL 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PTD Delete SECRETARY ☐ Change TITLE TITLE MOHAMED - KHANI NAME KHAN, MOONEER NAME ZALEEMA 2476N. FEBERAL HWY STREET ADDRESS 2476 N FEDERAL WAY STREET ADDRESS POMPANO BEACH, FL LIGHTHOUSE POINT CITY-ST-ZIP CITY-ST-ZIP Addition HILE Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CHY ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP ☐ Defete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE 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 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 it changed, or on an attachment with an address, with all other like empowered.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED