

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000002375

**Entity Name:** EYEBROWS ART 1 INC

**Current Principal Place of Business:**

18450 PINES BLVD.  
BAY # 107  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

18450 PINES BLVD.  
BAY # 107  
PEMBROKE PINES, FL 33029 US

**FEI Number:** 47-2753913

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

SHEHZADI ZAIB UN NISA SHAFI  
18450 PINES BLVD.  
BAY # 107  
PEMBROKE PINES, FL 33029 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            SEC  
Name            ZAIB UN NISA, SHEHZADI  
Address        18450 PINES BLVD. BAY # 107  
City-State-Zip: PEMBROKE PINES FL 33029

Title            TRES  
Name            ZAIB UN NISA, SHEHZADI  
Address        18450 PINES BLVD. BAY # 107  
City-State-Zip: PEMBROKE PINES FL 33029

Title            P/S/T  
Name            SHEHZADI ZAIB UN NISA SHAFI  
Address        18450 PINES BLVD.  
                  BAY # 107  
City-State-Zip: PEMBROKE PINES FL 33029

Title            DIR  
Name            REHMAN, MOHAMMAD S  
Address        18450 PINES BLVD.  
                  BAY # 107  
City-State-Zip: PEMBROKE PINES FL 33029

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHEHZADI ZAIB UN NISA

**PRESIDENT**

**02/18/2025**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date