


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000031580
 1. Entity Name
 TAHARAH, INC.



Principal Place of Business 17841 BISCAYNE BLVD AVENTURA, FL 33160 US	Mailing Address 17841 BISCAYNE BLVD AVENTURA, FL 33160 US
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DO NOT WRITE IN THIS SPACE



03282007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0743446	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SADDICK, RIAZ M
 9530 DUNHILL DR.
 MIRAMAR, FL 33025

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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: x Riaz M Saddick DATE: 3/29/07

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD RIAZ, SADDICK 9530 DUNHILL DR. MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SADDICK, ZORIENA 9530 DUNHILL DR. MIRAMAR, FL 33025
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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 Riaz M Saddick DATE: 3/29/07 DAYTIME PHONE #: 305-935-6667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #