


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90051 037 \*\*\*150.00

**DOCUMENT # P99000089270**

1. Entity Name  
**TASMEEM CORPORATION**



Principal Place of Business  
**3506 BAYSHORE DRIVE  
 NAPLES, FL 34112**

Mailing Address  
**C/O ROBERT D. ROYSTON, JR.  
 P.O. DRAWER 60205  
 FORT MYERS, FL 33906**

**40047838**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03202007 Chg-P CR2E034 (12/06)

City & State  
 Zip Country

4. FEI Number  
**65-0953206**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**ROYSTON, ROBERT D JR.  
 12670 NEW BRITTANY BLVD.  
 SUITE 101  
 FORT MYERS, FL 33907**

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

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**


10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	AHMAD, MONSUR U	
STREET ADDRESS	965 MOONLAKE DR.	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	VP	<input type="checkbox"/> Delete
NAME	AHMAD, FARIDA	
STREET ADDRESS	965 MOONLAKE DR.	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	SEC.	<input type="checkbox"/> Delete
NAME	HAQ, FERDOUSI	
STREET ADDRESS	1500 STADIUM CT.	
CITY-ST-ZIP	LEHIGH ACRES, FL 33971	
TITLE	TRA.	<input type="checkbox"/> Delete
NAME	WARA, MD U	
STREET ADDRESS	10427 STAFFORD CREEK BLVD #203	
CITY-ST-ZIP	LEHIGH ACRES, FL 33936	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **03/22/07** **239-293-6122**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #