


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90083 019 ***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**


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

3. Mailing Address
**P.O. Drawer 60205
 c/o John M. Wicker, P.A.**

City & State
Fort Myers FL

Zip
33906

Country
Lee



01212008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0953206

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

6. Name and Address of Current Registered Agent

**ROYSTON, ROBERT D JR.
 12670-NEW BRITTANY BLVD.
 SUITE 101
 FORT MYERS, FL 33907**

7. Name and Address of New Registered Agent

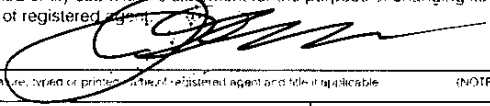
Name
JOHN M. WICKER, P.A.

Street
12670 NEW BRITTANY BLVD., STE 101

City
FORT MYERS, FL 33907

p 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 **4/15/08**

Signature required of principal officer or registered agent and filer if applicable. (NOTE: Registered Agent signature required when re-appointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME AHMAD, MONSUR U STREET ADDRESS 965 MOONLAKE DR. CITY-ST-ZIP NAPLES, FL 34104	TITLE	NAME
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	NAME AHMAD, FARIDA STREET ADDRESS 965 MOONLAKE DR. CITY-ST-ZIP NAPLES, FL 34104	TITLE	NAME
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SEC.	NAME HAQ, FERDOUSI STREET ADDRESS 1500 STADIUM CT. CITY-ST-ZIP LEHIGH ACRES, FL 33971	TITLE	NAME
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TRA.	NAME WARA, MD U STREET ADDRESS 10427 STAFFORD CREEK BLVD #203 CITY-ST-ZIP LEHIGH ACRES, FL 33936	TITLE	NAME
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: **03/29/08** **239-293-6122**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR