


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H44540</b>	
1. Entity Name <b>TASNIM UDDIN &amp; ASSOCIATES INTERNATIONAL, INC.</b>	

Principal Place of Business <b>8281 CORAL WAY MIAMI, FL 33155</b>	Mailing Address <b>8281 CORAL WAY MIAMI, FL 33155</b>
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**DO NOT WRITE IN THIS SPACE**



02092007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2538280</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>UDDIN, TASNIM 7630 SW 73 PL MIAMI, FL 33143</b>
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**DO NOT WRITE IN THIS SPACE**

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000632721</b> <b>02/21/07-80032-014 158.75</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT UDDIN, TASNIM 7630 SW 73 PL MIAMI, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS UDDIN, NASEEM TASNIM 7630 SW 73 PL MIAMI, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP AHMED, LUBNA T. 7630 S.W. 73 PL MIAMI, FL 33143</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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.

<b>SIGNATURE:</b> 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date _____	Daytime Phone # _____
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