

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 18, 2004 08:00 AM
Secretary of State

DOCUMENT # H45333

1. Entity Name

NADEEM, INC.



Principal Place of Business

1243 MAIN ST
STE 2 P.O. BOX 608
CHIPLEY FL 32428
US

Mailing Address

1243 MAIN ST
STE 2 P.O. BOX 608
CHIPLEY FL 32428
US

2. Principal Place of Business

3. Mailing Address



MOORE CR2E034 (11/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2624144

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZAFAR, MUHAMMAD I.
1243 MAIN ST
STE 2
CHIPLEY FL 32428

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ZAFAR, MUHAMMAD I M.D. ☐ Delete
STREET ADDRESS 1243 MAIN STREET STE 2
CITY-ST-ZIP CHIPLEY FL

TITLE D
NAME SIDDIQUI, MUHAMMAD M. ☐ Delete
STREET ADDRESS 935 BAREFOOT BLVD
CITY-ST-ZIP SEBASTIAN FL

TITLE DST
NAME CARTER, ALICE ☐ Delete
STREET ADDRESS 1243 MAIN ST., STE 2
CITY-ST-ZIP CHIPLEY FL 32428

TITLE D
NAME IDRESS, MUHAMMAD M.D. ☐ Delete
STREET ADDRESS 1454 BELLAIRE LANE
CITY-ST-ZIP MELBOURNE FL 32905

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U00000055561
CITY-ST-ZIP 02/18/04-80006-007 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-04 85

Date Daytime Phone #