

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90188 018 ***150.00

DOCUMENT # P00000022647

1. Entity Name

NASHIT CORPORATION



Principal Place of Business

7781 JOHNSON ST.
PEMBROKE PINES FL 33024

Mailing Address

7781 JOHNSON ST.
PEMBROKE PINES FL 33024

44044933



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0982935

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MOZUMDER, MOHAMMED A
7781 JOHNSON ST.
PEMBROKE PINES FL 33024

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

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 ☒ D ☐ Delete
NAME MOZUMDER, MOHAMMED A
STREET ADDRESS 7781 JOHNSON ST.
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE ☒ D ☐ Delete
NAME MOZUMDER, NASIMA A
STREET ADDRESS 7781 JOHNSON ST.
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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

Date

Daytime Phone #

Attachment

PO1000030046

#00000022647

Professional Accounting & Tax Inc. 44044933

4605 East 4th Avenue, Hialeah, Florida 33013

Phone: (305) 362-9139

Fax: (305) 681-6779

May 1, 2004

Division of Corporations
Tallahassee Fla

Gentlemen:

Kind enclosed Corporate
Annual report for 2004, all these clients
were provided in our office filed on
Saturday May 1/04, we hope these be
filed on time thanks very much for
your attention to my petition.

Sincerely,

Miniam Nery
Accountant