## 2008 FGR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## **FILED** Apr 14, 2008 08:00 A Secretary of State DOCUMENT # P00000078982 1. Entity Name WASIMS INC. Principal Place of Business Marting Address 2505 THONOTOSASSA RD. PLANT CITY FL 33563 1967 FRUITRIDGE ST. BRANDON FL 33510 2. Principal Place of Business - No P.O. Box # 3. Mailing Addrass Suite, Apl. #, etc. Sulle: Apt. #, etc. 1st MOORE CR2E034 (10/07) Applied For City & State City & State 4. FEI Number 59-3663369 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WASIM, MUHAMMAD Street Address (P.O. Box Number is Not Acceptable) 1967 FRUITRIDGE ST. **BRANDON FL 33510** City Zip Code 8. The above named entity subtraits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lani familiar with land accept the obligations of registered agent. SIGNATURE Signature, typed or prigned name of registried agent and the if applicable, SCOTE: Registered Agont's gridlure required when reinstalling. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TIT: F De ete TITLE Change Addition MANE WASIM, MUHAMMAD NAME 1967 FRUITRIDGE ST STREET ADDRESS 100000896500 25/08-80010-011 150.00 STREET ADDRESS City-St-78 BRANDON FL 33510 CITY-ST-ZIP ☐ Change TITLE D Derele TITLE ☐ Addition Name WASIM, NAJMA MALAE STREET ADDRESS 1967 FRUITRIDGE ST STREET ADDRESS 01TY-31-747 BRANDON FL 33510 CITY - ST- ZIP Change THE Delete Addition THE HAMÉ NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY - ST- ZIE THEF ☐ De'ete TITE! Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST- 2B CITY-ST-ZIF HILE ☐ De ete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-SI-ZIP TILLE Dorete THLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDIRESS OTTY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutes: I further certify that the information indicated on this report or suppliemental report is fine and accurate and that my signature shall have the same logal 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 temperature of the corporation or the receiver or trustee empowered to execute this temperature of the corporation or the receiver or trustee empowered to execute this temperature of the corporation or the receiver or trustee empowered to execute this temperature of the corporation or the receiver or trustee empowered to execute this temperature of the corporation or the receiver or trustee empowered to execute this temperature of the corporation or the receiver or trustee empowered to execute this temperature and that my name appears in Block 13 or Block 11 if changed, or on an attachment with an address, with all other trustees.

SIGNATURE: \_

SIGNATURE AND TYPED OH PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/08 813-764-9878