



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000019612 1. Entity Name NASIM INC.	
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Principal Place of Business P.O. BOX 4171 TALLAHASSEE, FL 32315	Mailing Address P.O. BOX 4171 TALLAHASSEE, FL 32315
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DO NOT WRITE IN THIS SPACE

FILED  
05 APR 13 PM 2:12  
TALLAHASSEE, FLORIDA



04122005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3698039	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  MASWADEH, BASEM 1916 HARRIETT DR TALLAHASSEE, FL 32303	DO NOT WRITE IN THIS SPACE
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASWADEH, BASEM 1916 HARRIETT DR TALLAHASSEE, FL 32303
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05/06/05--01003--008 \*\*150.00

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: Basem Maswadeh BASEM MASWADEH 4/11/05 251-4892  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #