

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000031115

1. Entity Name
MEHA ENTERPRISES, INC.



Principal Place of Business
**2136 MICHIGAN AVE
KISSIMMEE, FL 34744**

Mailing Address
**2136 MICHIGAN AVE
KISSIMMEE, FL 34744**



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FBI Number **59-3708196** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HASSAN, ATHAR
11152 HEATHCLIFF STREET
ORLANDO, FL 32837**

**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

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**UD00000139234
04/29/04-80114-005 150.00**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **HASSAN, ATHAR**
STREET ADDRESS **11152 HEATHCLIFF STREET**
CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE **P**
NAME **HASSAN, SHAZIA**
STREET ADDRESS **2136 MICHIGAN AVE.**
CITY-ST-ZIP **KISSIMMEE, FL 34744**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Sham Hassan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04
Date Daytime Phone #