2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000038336

1. Entity Name

MASIMA INC.



FILED May 10, 2004 8:00 am Secretary of State

05-10-2004 90473 050 ***150.00

DO NOT WRITE IN THIS SPACE						2000 A	FARFRAGE
Principal Place of Business							54053851
2320 CURLEW ROAD			2320 CURLEW RD				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE
City & State PALM HARBOR, FL			City & State PALM HARBOR, FL			4. F	El Number 59 – 3714059 Applied For Not Applicable
Zip 34684		Country	Zip 34684	Count	ry		Certificate of Status Desired Securificate S
					N	7. Na:	ne and Address of Current Registered Agent
DO NOT MORE					MOOSA, ABDUL MAJID		
DO NOT WRITE					Street Address (P.O. Box Number is Not Acceptable) 2320 CURLEW RD		
IN THIS SPACE						O CORLEW RD	
		Commence of the second					
			n de la companya de La companya de la co		City	PAL	M HARBOR, FL Zip 34684
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							
lor	The second second second second second	inted name of registered agent a 1. Fee Is \$150.00	and title if applicable. (N	OTE: Registered	i Agent signatura	required when rei	restating) DATE
	After May 1, F	ee is \$550.00				,	9. Election Campaign Financing \$5.80 May Be
Make Cherk	Amended U	3R is \$61.25 orlda Department of	State				Trust Fund Contribution. Added to Fees
10.	Andre Andrew Halle Health (1997)	OFFICERS AND	图866c+10图196-C196c	(A) 4.8	1.201-FA		
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•		ABDUL MAJI	D	NAME			
		RLEW RD	4604	1 Se 13e 1	ET ADDRESS		POLITICAL PROPERTY CONTRACTOR
	PALM HA VPD	RVOR, FL 3	4684	27.75 % 27.75 %	ST-ZIP		
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STREET ADDRESS				11 476	ET ADURESS		
CITY-ST-ZIP				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							

12. Thereby 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 it made under eath; 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 on an attachment with an address, with all other like empowered.

SIGNATURE:



OH/06/04 (727)785-6033

CK2E034B (12,02)