

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000114943

1. Entity Name  
FEHM INC.



Principal Place of Business  
C/O NRS ACCOUNTING SERVICES INC.  
105 HILLSIDE AVENUE  
WILLISTON PARK, NY 11596

Mailing Address  
C/O NRS ACCOUNTING SERVICES INC.  
105 HILLSIDE AVENUE  
WILLISTON PARK, NY 11596



**DO NOT WRITE IN THIS SPACE**

02032005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0553461 Applied For Not Applicable

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

**6. Name and Address of Current Registered Agent**

MUKHI, SAJJAD  
116 HIGHLINE DRIVE SUITE A  
LONGWOOD, FL 32750

**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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SAJJAD, MUKHI
STREET ADDRESS	116 HIGHLINE DR., STE. A
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	VP
NAME	MIYANJI, MASJAN
STREET ADDRESS	116 HIGHLINE DR., STE. A
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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)(f), 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]*

SAJJAD MUKHI PRESIDENT

02/20/05

407 332-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #