

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000004885

1. Entity Name
NISSREEN INC.



Principal Place of Business
PO BOX 4171
TALLAHASSEE, FL 32315

Mailing Address
PO BOX 4171
TALLAHASSEE, FL 32315

FILED
06 APR 26 PM 12:57
SECRET...
TALLAHASSEE, FLORIDA



04252006 No Chg-P CR2E034 (11/05)

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4. FEI Number
20-0626139

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MASWADEH, BASEM
1916 HARRIET DR
TALLAHASSEE, FL 32303

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVST
MASWADEH, BASEM
1916 HARRIET DR
TALLAHASSEE, FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MASWADEH, RASHA
1916 HARRIET DR
TALLAHASSEE, FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100074508501
05/12/06--01009--022 **150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

4/25/06

251-4892

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #