

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000085978

1. Entity Name
NEWSHA INCORPORATED



Principal Place of Business
**523 MEADOW RIDGE DR
TALLAHASSEE, FL 31312 US**

Mailing Address
**523 MEADOW RIDGE DR
TALLAHASSEE, FL 31312 US**



01072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0759809

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HEMMATI, MOSTAFA
523 MEADOW RIDGE DR
TALLAHASSEE, FLORIDA, FL 32312**

**DO NOT WRITE
IN THIS SPACE**

8. The state or 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

NAME	PRES
NAME	HEMMATI, MOSTAFA
STREET ADDRESS	523 MEADOW RIDGE DR
CITY-STATE-ZIP	TALLAHASSEE, FL 32312
PHONE	
STREET ADDRESS	
CITY-STATE-ZIP	
PHONE	
STREET ADDRESS	
CITY-STATE-ZIP	
PHONE	
STREET ADDRESS	
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PHONE	
STREET ADDRESS	
CITY-STATE-ZIP	

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**DO NOT WRITE
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/07 (850) 210-0202
Date Daytime Phone