

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90111 025 ***158.75

DOCUMENT # P04000092837

1. Entity Name

MAHIR ENTERPRISE INC



Principal Place of Business

**409 NORTH EAST, 2ND STREET
BELLE GLADE FL 33430
US**

Mailing Address

**409 NORTH EAST, 2ND STREET
BELLE GLADE FL 33430
US**

50029042



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

262 E 7TH ST

3. Mailing Address

409 NE 2ND ST

Suite, Apt. #, etc.

PAHOREE

Suite, Apt. #, etc.

BELLE GLADE

City & State

FL

City & State

FL -

4. FEI Number

20-1308200

Applied For

Not Applicable

Zip

33476

Country

FLAMBECH

Zip

33430

Country

FLAMBECH

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHOWDHURY, TAMANNA
409 N.E. 2ND STREET
BELLE GLADE FL 33430**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CHOWDHURY, TAMANNA**
STREET ADDRESS **409 N.E. 2ND STREET**
CITY-ST-ZIP **BELLE GLADE FL 33430**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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: TAMANNA CHOWDHURY 03-07-05 561-9853162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #