## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

SIGNATURE:

## Mar 21, 2005 8:00 am Secretary of State DOCUMENT # P04000101048 1. Entity Name 03-21-2005 90106 004 \*\*\*150 00 TAHA ENTERPRISE INC. Principal Place of Business Mailing Address 4001 SW 147 AVE 4001 SW 147 AVE 50028797 MIRAMAR FL 33027 MIRAMAR FL 33027 3. Mailing Address S961 FARRAGUT ST Suite, Apt. #, etc. 2. Principal Place of Business 5961 FARRAGUT 1st MOORE CR2E034 (10/04) City & State 4. FEI Number Applied For 20-1334555 tolly wood HOLLYWDDT. Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RASHID, MAHMOOD 4001 SW 147 AVE MIRAMAR FL 33027 FARRAGUT 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Defete TITLE Change 95HD, MAHMODD RASHID, MAHMOOD 961 FARRAGUT 4001 SW 147 AVE STREET ADDRESS STREET ADDRESS MIRAMAR FL 33027 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ---TITLE Change \_\_ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRÉSS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 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.

**FILED**