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May 18, 2007 8:00 am
Secretary of State
05-18-2007 90022 026 ***550.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000070816

1. Entity Name
H & K OF TAHMID INC.

Principal Place of Business
913 SARA AVENUE
LEHIGH ACRES, FL 33971

Mailing Address
913 SARA AVENUE
LEHIGH ACRES, FL 33971

New
8119 SILVER BIRCH WAY FL 33971
LEHIGH

DO NOT WRITE IN THIS SPACE

05042007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2780747
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REYNOLDS JR, A.B.
801 W. LEELAND HEIGHTS BLVD.
LEHIGH ACRES, FL 33936

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when changing)

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOSSIN, MOHAMMED K
STREET ADDRESS	913 SARA AVE
CITY-ST-ZIP	LEHIGH ACRES, FL 33971
TITLE	VPD
NAME	BEGUM, HOSHNA
STREET ADDRESS	913 SARA AVE
CITY-ST-ZIP	LEHIGH ACRES, FL 33971
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	

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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] 5-1-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Director Phone #