

# FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only  
DO NOT WRITE IN THIS SPACE

DOCUMENT # P06000006876

1. Entity Name

Ismail & Hameeda Enterprises Corp.



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2. Principal Place of Business - No P.O. Box #

5604 Old Cheney Hwy

Suite, Apt. #, etc.

3. Mailing Address

5604 Old Cheney Hwy

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

010854601

Applied For

Not Applicable

Zip

Country

32807

Zip

Country

32807

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

CR2E034B (1/11)

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7. Name and Address of Current Registered Agent

Name Mohammed E Khan

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

5604 Old Cheney Hwy

City

Orlando

FL

Zip Code

32807

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 re-instating)

DATE

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

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

E-mail Address:

besttax1040@yahoo.com

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE  
NAME Mohammed Adnan  
STREET ADDRESS 5604 Old Cheney Hwy  
CITY-ST-ZIP Orlando, FL 32807

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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400207204764  
05/04/11 -- 01036 -- 030 \*\*\*150.00

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.15.

SIGNATURE:

Mohammed Adnan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

5/19/11 786-277-2551