


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90022 029 ***150.00

DOCUMENT # P06000080356			
1. Entity Name TALUKDER ENTERPRISE, INC.			
Principal Place of Business 5403 S. MACDILL AVENUE SUITE A TAMPA, FL 33611 US		Mailing Address 5403 S. MACDILL AVENUE SUITE A TAMPA, FL 33611 US	
2. Principal Place of Business - No P.O. Box # 12221 S.W. 268 ST		3. Mailing Address 12221 S.W. 268 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NARANJA, FL		City & State NARANJA FL	
4. FEI Number 06-0783778	Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FARAGE, NANCY G 707 N. FRANKLIN STREET 4TH FLOOR TAMPA, FL 33602		7. Name and Address of New Registered Agent Name MD ZAKIR TALUKDER Street Address (P.O. Box Number is Not Acceptable) 12221 S.W. 268 ST City NARANJA FL Zip Code 33032	
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: <u>Md. Zakir Hossain Talukder</u> DATE: <u>01.14.08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees <u>01.</u>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TALUKDER, MD ZAKIR H 5403 S. MACDILL AVE., SUITE A TAMPA, FL 33611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12221 S.W. 268 ST NARANJA, FL 33032
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Md. Zakir Hossain Talukder</u>		Date _____ Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	