

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90092 018 \*\*\*150.00

**DOCUMENT # P06000114701**



1. Entity Name  
TASNIM FOOD, INC.

Principal Place of Business  
650 STATE ROAD 436  
CASSELBERRY, FL 32707 US

Mailing Address  
650 STATE ROAD 436  
CASSELBERRY, FL 32707 US

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5493701

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KHAN, MAHBUB  
1798 LAUREL BROOK LOOP  
CASSELBERRY, FL 32707

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

4.28.07

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
AKTER, NAZMA  
1798 LAUREL BROOK LOOP  
CASSELBERRY, FL 32707

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
KHAN, MAHBUB  
1798 LAUREL BROOK LOOP  
CASSELBERRY, FL 32707

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TR  
MOSTAFA, MIZAN  
2 SYCAMORE COURT  
WINTER SPRINGS, FL 32708

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SEC  
BHUIYAN, SHAIFUL  
1007 VIACOMO PLACE  
LAKE MARY, FL 32746

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TR  
SURAYA, BEGOM  
248 MAGNOLIA PARK TR  
SANFORD, FL 32773

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.28.07 407-834-5428  
407-8538