

**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jun 10, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90190 017 \*\*\*150.00

**66013948**



1st MOORE CR2E034 (10/07)

DOCUMENT # P07000028330			
1. Entity Name BISMA & ASMA INC			
Principal Place of Business 6506 MAIN STREET MAIN & CONGRESS PLAZA NEW PORT RICHEY FL 34653		Mailing Address 9206 TOPNECK STREET NEW PORT RICHEY FL 34654	
2. Principal Place of Business - No P.O. Box # 9206 TOPNECK ST		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NEW PORT RICHEY, FL		City & State	
Zip 34654		Country U.S.A	
4. FEI Number 20-8572431		Applied For: Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIAL, FAYYAZ H 9206 TOPNECK ST NEW PORT RICHEY FL 34654		7. Name and Address of New Registered Agent	
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		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PST SIAL, FAYYAZ H 9206 TOPNECK ST NEW PORT RICHEY FL 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:		Date: 03/27/08	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Reporting Person #	

cell 727-271-0486