


**FOR PROFIT CORPORATION
ANNUAL REPORT**

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DOCUMENT # **909000132218**

1. Entity Name
Taha & Mehak Enterprises Inc



FILED
11 JUN -1 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #
3288 Stirling Rd.

3. Mailing Address
3288 Stirling Rd.

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State **Hollywood, FL**

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Zip **33021** Country

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4. FEI Number **261618121**

Applied For
 Not Applicable

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

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7. Name and Address of Current Registered Agent

Name **Mahmood Rashid**

Street Address (P.O. Box Number is Not Acceptable)
3288 Stirling Rd.

City **HOLLYWOOD** FL Zip Code **33021**

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 is typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

January 1 - May 1 Fee is \$160.00
After May 1; Fee is \$550.00
Amerided "AR" is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees

Trust Fund Contribution.

E-mail Address:
besttax1040@yahoo.com
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	Mahmood Rashid
STREET ADDRESS	3288 Stirling Rd.
CITY-ST-ZIP	Hollywood, FL 33021
TITLE	VP
NAME	Iffekhar A Maqsood
STREET ADDRESS	3288 Stirling Rd
CITY-ST-ZIP	Hollywood, FL 33021
TITLE	D
NAME	Tahira Khan
STREET ADDRESS	3288 Stirling Rd.
CITY-ST-ZIP	Hollywood, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/11 01036-014 **150.00

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.817.154 F.S.

SIGNATURE: **Mahmood Rashid** DATE: **5/21/11** Daytime Phone #: **786-277-2551**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR