


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90013 017 \*\*\*150.00

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| <b>DOCUMENT # P95000037786</b>              |  |
| <b>1. Entity Name</b><br>TASHA INCORPORATED |   |

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| <b>Principal Place of Business</b><br>777 NW 72ND AVENUE<br>2 BB 47<br>MIAMI, FL 33126 US | <b>Mailing Address</b><br>777 NW 72ND AVENUE<br>2 BB 47<br>MIAMI, FL 33126 US |
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| <b>2. Principal Place of Business - No P.O. Box #</b><br>3140 NE 212 ST<br>Suite, Apt. #, etc. | <b>3. Mailing Address</b><br>3140 NE 212 ST<br>Suite, Apt. #, etc. |
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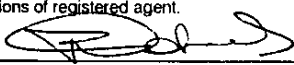
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| <b>City &amp; State</b><br>Aventura, FL<br>Zip 33180 Country USA | <b>City &amp; State</b><br>Aventura, FL<br>Zip 33180 Country USA |
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01082007 Chg-P CR2E034 (12/06)

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| <b>4. FEI Number</b><br>65-0581220   | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   |

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| <b>6. Name and Address of Current Registered Agent</b><br>DABUL, PAULA<br>777 NW 72 AVE<br>#2BB47<br>MIAMI, FL 33126<br>3140 NE 212 ST<br>Aventura, FL 33180 |
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| <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |
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| <b>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.</b> |   |
| <b>SIGNATURE</b> <br>Signature, typed or printed name of registered agent and title if applicable.   | <b>DATE</b> 1/10/07<br>(NOTE: Registered Agent signature required when reinstating) |

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| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
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| 10. OFFICERS AND DIRECTORS                            |  |
|---|--|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PVST</b><br>DABUL, PAULA G<br>3140 NE 212 ST.<br>AVENTURA, FL 33180 <input type="checkbox"/> Delete |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br>DABUL, PAULA G<br>3140 NE 212 ST<br>AVENTURA, FL 33180 <input type="checkbox"/> Delete     |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| <b>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.</b> |
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| <b>SIGNATURE:</b> <br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | <b>DATE</b> 1/10/07 <b>Daytime Phone #</b> (305) 262-9414 |
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