

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000085909

Entity Name: M. TISHAD CORPORATION

FILED
Feb 21, 2008
Secretary of State

Current Principal Place of Business:

18198 NORTHEAST 19 AVENUE
N MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

18198 NORTHEAST 19 AVENUE
N MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 65-0785108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

KAMAL, MOSTAFA PD
1954 SW 180TH TERRACE
MIRAMAR, FL 33029 US

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.

SIGNATURE: MOSTAFA KAMAL

02/21/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KAMAL, MOSTAFA
Address: 18198 NORTHEAST 19 AVENUE
City-St-Zip: N MIAMI BEACH, FL 33162

Title: SD () Delete
Name: MAJUMDER, RATAN L
Address: 18198 NORTHEAST 19 AVENUE
City-St-Zip: N MIAMI BEACH, FL 33162

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: MAJUMDER, RATAN L
Address: 18198 NORTHEAST 19 AVENUE
City-St-Zip: N MIAMI BEACH, FL 33162

Title: VP () Change (X) Addition
Name: TIRTHANI, RAJESH G VP
Address: 1750 NE 191ST APT-323F
City-St-Zip: N.M.B, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOSTAFA KAMAL

PD

02/21/2008

Electronic Signature of Signing Officer or Director

Date