

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000085909

FILED
Mar 27, 2009
Secretary of State

Entity Name: M. TISHAD CORPORATION

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:

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

Name and Address of New Registered Agent:

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: _____

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

03/27/2009

Electronic Signature of Signing Officer or Director

Date