


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90657 006 ****61.25

DOCUMENT # 842616

1. Entity Name
3-H-O INTERNATIONAL HEADQUARTERS OF CALIFORNIA, INC.



Principal Place of Business
1620 PREUSS ROAD
LOS ANGELES, CA 90035 US

Mailing Address
P.O. BOX 35330
LOS ANGELES, CA 90035 US



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

01192004 Chg-NP CR2E037 (10/03)

4. FEI Number
95-2654282

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

KHALSA, DEVA SINGH
3260 NW 23RD AVE STE 400
1442 NW 100 DR CORAL SPGS, FL 33071
POMPANO BCH, FL 33069

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KHALSA, SARDARNI G A K OLA RAM DAS GURU PLACE ESPANOLA, NM 87532 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	01A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (Please correct from "OLA")
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KHALSA, SHAKTI PK 1620 PREUSS RD LOS ANGELES, CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHALSA, SIRE RAM KAUR OLA RAM GURU PLACE ESPANOLA, NM 87532 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	01A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (Please correct from "OLA")
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHALSA, SOPURKH KAUR 7 INFINITY LOOP ESPANOLA, NM 87532 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KHALSA, AVTAR HARI SINGH 7 INFINITY LOOP ESPANOLA, NM <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHALSA, NIRINJAN KAUR OLA RAM DAS GURU PLACE ESPANOLA, NM 87532 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	01A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (Please correct from "OLA")

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: *Shakti Sardarni G A K* **Apr 8, 2004** **310-552-3416 #111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #