

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90032 046 \*\*\*150.00

**DOCUMENT # P02000091383**

1. Entity Name  
**AREM INTERNATIONAL, INC.**



Principal Place of Business  
**266 WILSHIRE BOULEVARD  
SUITE 127  
CASSELBERRY, FL 32707**

Mailing Address  
**266 WILSHIRE BOULEVARD  
SUITE 127  
CASSELBERRY, FL 32707**

**94059805**



2. Principal Place of Business  
**238 WILSHIRE BLVD**

3. Mailing Address  
**238 WILSHIRE BLVD**

Suite, Apt. #, etc.  
**STE 149**

Suite, Apt. #, etc.  
**STE 149**

04142004 Chg-P CR2E034 (10/03)

City & State  
**CASSELBERRY, FL**

City & State  
**CASSELBERRY, FL**

4. FEI Number  
**30-0165860**

Applied For  
Not Applicable

Zip  
**32707**

Country  
**USA**

Zip  
**32707**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOPALDAS, KALABHAI M  
266 WILSHIRE BOULEVARD  
SUITE 127  
CASSELBERRY, FL 32707**

Name

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

**238 WILSHIRE BLVD STE 149**

City **CASSELBERRY** **FL** Zip Code **32707**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
GOPALDAS, KALABHAI M  
266 WILSHIRE BLVD. #127  
CASSELBERRY, FL 32707** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**238 WILSHIRE BLVD STE 149  
CASSELBERRY FL 32707** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 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.

SIGNATURE: **Maganlal G Kalabhai**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-20-04 256-525-6526**  
Date Daytime Phone #