2004 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P99000019888

changed, or on an attachment with

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FILED

Apr 02, 2004 8:00 am Secretary of State

04-02-2004 90061 016 ***150.00

Daytime Phone #

MEGNA ENTERPRISES, INC. Principal Place of Business Mailing Address 210 STATE RD. #7 C/O MAS HOLLYWOOD, FL 33023 P O BOX 771210 CORAL SPRINGS, FL 33007-1210 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02092004 Chg-P CR2E034 (10/03) 4. FEI Number Applied For City & State City & State 65-0899305 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAHMAN, ANISUR Street Address (P.O. Box Number is Not Acceptable) 210 STATE RD. #7 HOLLYWOOD, FL 33023 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. **PDS** ANISUR ☐ Addition TITLE ☐ Delete TITLE MOHAMMED -RAHMAN, ANISUR NAME NAME 210 S STATE RD # 7 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33023 CITY-ST-ZIP VD ☐ Change ☐ Addition TITLE RAHMAN, MIZANUR NAME NAME STREET ADDRESS 210 S STATE RD # 7 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33023 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition KAOCHER, SHAHIN NAME NAME STREET ADDRESS 210 S STATE RD # 7 STREET ADDRESS HOLLYWOOD, FL 33023 City-St-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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