

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90288 024 ***150.00

DOCUMENT # 381623 1. Entity Name CHULANI (FLORIDA) INC.					
Principal Place of Business 1541 BRICKELL AVE. A1401 MIAMI, FL 33129				Mailing Address 1541 BRICKELL AVE. A1401 MIAMI, FL 33129	
2. Principal Place of Business 1541 BRICKELL AVENUE A3401		3. Mailing Address 1541 BRICKELL AVENUE A3401			
Suite, Apt. #, etc. A3401		Suite, Apt. #, etc. A3401		03232004 Chg-P CR2E034 (10/03)	
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 59-1370999	
Zip 33129		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRADFORD, JAMES N 3100 WEST 76 TH ST #211 HIALEAH, FL 33016				7. Name and Address of New Registered Agent Name JAMES N. BRADFORD, JR. Street Address (P.O. Box Number is Not Acceptable) 2100 WEST 76TH STREET SUITE 211 City HIALEAH FL Zip Code 33016	
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:  DATE: 3/23/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHULANI, TIKAMDAS 101 FRONT ST. PHILIPSBURG, N.A.,	<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	TS CHULANI, NIRMLA T. 101 FRONT ST. PHILIPSBURG, N.A.,	<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 MAHTANI, USHA G. 101 FRONT ST. PHILIPSBURG, N.A.,	<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 PANJABI, VEENA R. 1541 BRICKELL AVE MIAMI, FL	<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 SIPPY, LAILA V. FLMOUTH HSE, CLRNDN, PL LONDON, ENGLAND,	<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	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			4-24-04 305-592-9565		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		