

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # 420613 1. Entity Name THREE FIFTY CORPORATION |  |
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|--|--|
| Principal Place of Business 350 LINCOLN RD, STE 315 MIAMI BCH FL 33139 | Mailing Address 350 LINCOLN RD, STE 315 MIAMI BCH FL 33139 |
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MOORE CR2E034 (11/03)

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | |
|---------------------------------|---|
| 4. FEI Number 59-1443059 | Applied For |
| | <input type="checkbox"/> Not Applicable |

| | |
|--|---|
| 6. Name and Address of Current Registered Agent CHATANI, SHEVAK 350 LINCOLN RD, STE 315 MIAMI BEACH FL 33139 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|------------------------------------|
| TITLE | PD <input type="checkbox"/> Delete |
| NAME | VASANDANI, BHAGWAN N |
| STREET ADDRESS | 350 LINCOLN RD #315 |
| CITY-ST-ZIP | MIAMI BEACH FL |
| TITLE | T <input type="checkbox"/> Delete |
| NAME | CHATANI, C HERESH |
| STREET ADDRESS | 350 LINCOLN RD #315 |
| CITY-ST-ZIP | MIAMI BEACH FL |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | CHATANI, KISHU |
| STREET ADDRESS | 350 LINCOLN RD #315 |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | CHATANI, PRAKASH |
| STREET ADDRESS | 350 LINCOLN RD #315 |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 |
| TITLE | S <input type="checkbox"/> Delete |
| NAME | SHEVAK, CHATANI |
| STREET ADDRESS | 350 LINCOLN RD. #315 |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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: *Shevaka Chatani* **S.** 2.10.04 305-538-4971

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