2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 442035

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

VANJARIA, HANIF M.

VANJARIA, CAROLYN

8905 ONE PUTT PLACE

404 BUCKEYE LANE EAST

JACKSONVILLE, FL 32259

() Delete

PORT SAINT LUCIE, FL 34986

FILED May 03, 2004 Secretary of State

							,	
Entity Nan	ie: VAN-J	ARIA ENT	ERPRISES, INC.					
Current Principal Place of Business:					New Principal Place of Business:			
2365 SR 16 SAINT AUC		FL 32084	US					
Current Mailing Address:					New Mailing Address:			
P. O. BOX : ST. AUGUS		32085	US					
FEI Number:	59-1494422	FEI N	umber Applied For()	FEI Numbe	er Not Appli	cable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
VANJARIA, ABEED 11281 LAKE MANDARIN CIR E JACKSONVILLE, FL 32223 US					VANJARIA, ABEED 2721 ARUNDEL LANE ST AUGUSTINE, FL 32092 US			
The above in the State			this statement for the pu	urpose of c	hanging it	s registered	d office or registered agent, or both,	
SIGNATURE: ABEED VANJARIA					05/03/2004			
	Elect	ronic Sign	ature of Registered Ager	nt			Date	
			F.S., the corporation did not Fund Contribution ().	receive the	prior notice	е.		
OFFICERS AND DIRECTORS:				Α	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:		() Delete ABDUL M., PUTT PLACE T LUCIE, FL		N: Ac	itle: ame: ddress: ity-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:		() Delete ABEED M. E MANDARIN ILLE, FL 32		Ni Ad	itle: ame: ddress: ity-St-Zip:	VD VANJARIA, / 2721 ARUNI ST AUGUST		
Title:	VD	() Delete		Ti	itle:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: ABEED VANJARIA VD 05/03/2004

() Change () Addition