

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90070 021 \*\*\*150.00

**DOCUMENT # F00000000087**



1. Entity Name  
**CHRISTIAN WEBER, INC.**

Principal Place of Business  
**250 WEST 57TH STREET  
SUITE 1216  
NEW YORK, NY 10107**

Mailing Address  
**250 WEST 57TH STREET  
SUITE 1216  
NEW YORK, NY 10107**

**24007680**



2. Principal Place of Business  
**2079 Wantagh Avenue**

3. Mailing Address  
**2079 Wantagh Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122004

Chg-P

CR2E034 (10/03)

City & State

**Wantagh, New York**

City & State

**Wantagh, New York**

4. FEI Number

**11-3077299**

Applied For

Not Applicable

Zip

**11793**

Country

**U.S.**

Zip

**11793**

Country

**U.S.**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**MAJREKAR, VIJAY  
12663 S DIXIE HWY  
MIAMI, FL 33156**

Name

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

City

**FL**

Zip Code

## 7. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>KOHLI, VIVEK</b>	
STREET ADDRESS	<b>145 WEST 67TH STREET APT 5G</b>	
CITY-ST-ZIP	<b>NEW YORK, NY</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>MANJREKAR, INDIRA</b>	
STREET ADDRESS	<b>40 RIVER ROAD APT 21A</b>	
CITY-ST-ZIP	<b>NEW YORK, NY</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Kohli, Vivek</b>	
STREET ADDRESS	<b>10845 SW 138th Street</b>	
CITY-ST-ZIP	<b>Miami, FL 33176</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Manjrekare, Indira</b>	
STREET ADDRESS	<b>44 Dante Avenue</b>	
CITY-ST-ZIP	<b>Hicksville, NY 11801</b>	
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:

*Indira Manjrekare*

01/28/2004