## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State 05-04-2005 90154 008 \*\*\*150.00 DOCUMENT # F56836 PANJABI FLORIDA, INC. Principal Place of Business Mailing Address 20057944 5201 BLUE LASOON DR 5201 BLUE LAGOON DR SUITE-578 SUITE 570 MIAMI, FL 33126 - US MIAMI, FL 33126 2. Principal Place of Business 3. Mailing Address 2121 PONCE deLEON BLVD 2121 PONCE deLEON BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. 04202005 Chg-P CR2E034 (10/03) SUITE 850 SUITE 850 CORAL GABLES, FL CORAL GABLES, FL 4. FEI Number Applied For 59-2217543 Not Applicable Country USA Country USA \$8.75 Additional ₫₿134 33134 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRADFORD, JAMES N JR. Street Address (P.O. Box Number is Not Acceptable) 2100 W 76TH STREET, SUITE 211 HIALEAH, FL 33016 Zip Code FI 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 Signature, typed or primed name of registered agent and title dispolicable. (NOTE: Registered Agent eignature required when relistering) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete ☐ Addition mis ms Change PANJABI, RAMESH 2121 PONCE deLEON BLVD SUITE 850 5201 BLUE LAGOON DRIVE, SUITE 576 STREET ADDRESS STREET ADDRESS CHY-St-ZIP MIAMI, FL 33126 CHY-SI-ZIP CORAL GABLES, FL 33134 TD and ☐ Change ☐ Addition HAE Delete PANJABI, KIRRAN NAME NAME 5204 BLUE LAGOON DRIVE, SUITE 570 2121 PONCE deLEON BLVD SUITE 850 STREET AUDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33136 CITY-ST-23P CORAL GABLES, FL 33134 nne nue Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY- ST-ZIP CHY-ST-ZIP TITLL ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST- ZIP Delete 311LE mer Change Addition NASSE NASS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Charge ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 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 ar dress, with all other like empowered

FILED

May 04, 2005 8:00 am