

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90031 043 ***158.75

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1. Entity Name

SS OPTICAL SUPPLY USA INC



Principal Place of Business

HILTON GIFT SHOP
1870 GRIFFIN ROAD
DANIA FL 33004
US

Mailing Address

HILTON GIFT SHOP
1870 GRIFFIN ROAD
DANIA FL 33004
US

2. Principal Place of Business

WYNDHAM GIFT SHOP
Suite, Apt. #, etc.
1870 GRIFFIN RD.

3. Mailing Address

WYNDHAM GIFT SHOP
Suite, Apt. #, etc.
1870 GRIFFIN RD.

City & State

DANIA FLORIDA

City & State

DANIA FLORIDA

Zip

33004

Country

USA

Zip

33004

Country

USA

4. FEI Number

74-2642270

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHUGANI, SURESH
1870 GRIFFIN ROAD
DANIA FL 33004

7. Name and Address of New Registered Agent

Name

CHUGANI SURESH

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

7672 NW 19th ST.

City

PEMBROKE PINES FL

Zip Code

33024

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME CHUGANI, SURESH
STREET ADDRESS 1870 GRIFFIN ROAD
CITY-ST-ZIP DANIA FL 33004

TITLE DV ☐ Delete
NAME CHUGANI, DEVI
STREET ADDRESS 7672 NW 19TH ST
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Suresh Chugani* SURESH CHUGANI

3-29-04

954-8163469

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #