
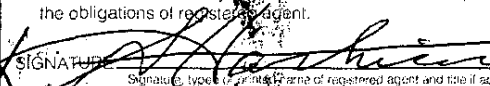



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90217 003 ***150.00

DOCUMENT # H09071			
1. Entity Name KHORASAN ENTERPRISES, INC.			
Principal Place of Business 700-1 MAYPORT CROSSING BLVD 233 E BAY STREET, STE 620 ATLANTIC BEACH, FL 32233 US		Mailing Address 700-1 MAYPORT CROSSING BLVD 233 E BAY STREET, STE 620 ATLANTIC BEACH, FL 32233 US	
2. Principal Place of Business 700-1 MAYPORT CROSSING BLVD Suite, Apt. #, etc. ATLANTIC BEACH City & State FL 32233 Zip Country		3. Mailing Address 700-1 MAYPORT CROSSING BLVD Suite, Apt. #, etc. ATLANTIC BEACH City & State FL 32233 Zip Country	
6. Name and Address of Current Registered Agent DAVIS, MARSHALL D. 233 E BAY STREET SUITE 620 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name, Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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:  DATE: April 27, 2004 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HASHIMI, SAYED A. R. 8830 BROOKSHIRE COURT JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HASHIMI, SOHAYL 8830 BROOKSHIRE CT JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: April 27, 2004 (904) 249 6008 Daytime Phone #	

14010148



04132004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2443666
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required