


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90003 012 ***150.00

DOCUMENT # H61086 1. Entity Name KHANDWALLA, INC.					
Principal Place of Business 4631 NE 4TH AVE FORT LAUDERDALE, FL 33334			Mailing Address 4631 NE 4TH AVE FORT LAUDERDALE, FL 33334		
2. Principal Place of Business 1203 Bahama Bend Suite, Apt. #, etc. Apt F2 Coconut Creek FL 33066 USA			3. Mailing Address 1203 Bahama Bend Suite, Apt. #, etc. Apt F2 Coconut Creek FL 33066 USA		
4. FEI Number 59-2627106			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent KHANDWALLA, MARIAM 4631 NE 4 AVENUE FT. LAUDERDALE, FL 33334			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 1203 Bahama Bend Apt F2 Coconut Creek FL 33066		
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 <u><i>M. Khandwalla</i></u> MARIAM KHANDWALLA <u>3/15/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	ST GAFFAR NIGHAT 4631 NE 4TH AVE FT. LAUDERDALE, FL 33334	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1203 Bahama Bend Apt F2 Coconut Creek, FL 33066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KHANDWALLA, MARIAM 4631 N.E. 4 AVE. FT. LAUDERDALE, FL 33334	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1203 Bahama Bend Apt F2 Coconut Creek FL 33066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GAFFAR, ABDUL 4631 N.E. 4TH AVE. FT. LAUDERDALE, 33334	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1203 Bahama Bend Apt F2 Coconut Creek FL 33066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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	<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	<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: <u><i>M. Khandwalla</i></u> MARIAM KHANDWALLA <u>3/15/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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