

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90025 049 ***150.00

DOCUMENT # J91378

1. Entity Name

SEVEN TO NINE, INC.



Principal Place of Business

711 NORTH STATE ROAD 7
MARGATE FL 33063-4566

Mailing Address

711 NORTH STATE ROAD 7
MARGATE FL 33063-4566

04000106

2. Principal Place of Business

3. Mailing Address

5260 WHISPER DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CORAL SPRINGS, FL.

Zip

Country

Zip

Country

33067

U.S.A.

4. FEI Number

59-2844365

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAH, ASHWIN R.
SEVEN TO NINE, INC
711 N.S.R. 7
MARGATE FL 33063

Name

ASHWIN R. SHAH

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

5260 WHISPER DR.

City

CORAL SPRINGS, FL

Zip Code

33067

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

4-18-04

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
SHAH, ASHWIN R.
6234 NW 1ST ST
MARGATE FL
5260 WHISPER DR.
CORAL SPRINGS, FL-33067

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VDS
PAREKH, CHITRA
6234 NW 1ST STREET
MARGATE FL 33063
5260 WHISPER DR.
CORAL SPRINGS, FL-33067

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

4-18-04

Date

954-979-8376

Daytime Phone #