

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004857

Entity Name: FLORIDA THEATRE INC.

FILED
May 07, 2004
Secretary of State

Current Principal Place of Business:

7380 NW 40TH ST
LAUDERHILL, FL 33319

New Principal Place of Business:

Current Mailing Address:

7380 NW 40TH ST
LAUDERHILL, FL 33319

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAQUE, RAFIQUL
7380 NW 40TH ST
LAUDERHILL, FL 33319 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: HAQUE, RAFIQUL
Address: 7380 NW 40TH ST
City-St-Zip: LAUDERHILL, FL 33319

Title: D () Delete
Name: HOQUE, AHM AMINUL
Address: 1900 NW 9TH AVE
City-St-Zip: FT LAUDERDALE, FL 33311

Title: T/D () Delete
Name: HAQUE, SHARMIN MRS
Address: 800 NW 15 ST
City-St-Zip: FT LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAFIQUL HAQUE

P/D

05/07/2004

Electronic Signature of Signing Officer or Director

Date