


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90111 041 ***150.00

DOCUMENT # P00000046264	
1. Entity Name MEHER JEWELERS INC	

Principal Place of Business 27001 US HWY 19, #9206 CLEARWATER FL 33761	Mailing Address 27001 US HWY 19, #9206 CLEARWATER FL 33761
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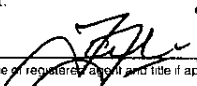
2. Principal Place of Business 27001 U.S HWY 19 N. Suite, Apt. #, etc. # 9260 City & State CLEARWATER, FL Zip 33761 Country U.S.A.	3. Mailing Address 27001 U.S HWY 19 N. Suite, Apt. #, etc. # 9260 City & State CLEARWATER, FL Zip 33761 Country U.S.A.
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MOORE CR2E034 (4/04)

4. FEI Number 59-3641989	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 RESHAMWALA, JALALUDDIN J 27001 US HWY 19, #9206 CLEARWATER FL 33761	
7. Name and Address of New Registered Agent Name RESHAMWALA, JALALUDDIN J. Street Address (P.O. Box Number is Not Acceptable) 27001 U.S HWY 19 N., #9260 City CLEARWATER FL Zip Code 33761	

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  **JALALUDDIN J. RESHAMWALA / PRESIDENT 6/29/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State	S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JALALUDDIN, RESHAMWALA		NAME JALALUDDIN, RESHAMWALA	
STREET ADDRESS 27001 US HWY 19 9206		STREET ADDRESS 27001 US HWY 19 9206	
CITY-ST-ZIP CLEARWATER FL 33761		CITY-ST-ZIP CLEARWATER FL 33761	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RESHAMWALA, SALEEMATT		NAME RESHAMWALA, SALEEMATT	
STREET ADDRESS 12510 ASHDOWN DRIVE		STREET ADDRESS 12510 ASHDOWN DRIVE	
CITY-ST-ZIP ODESSA FL 33556		CITY-ST-ZIP ODESSA FL 33556	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  **JALALUDDIN J. RESHAMWALA** **6/29/04** **727 712 2330**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #