

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-15-2004 90042 023 ***150.00

DOCUMENT # P00000052258

1. Entity Name

ALISHA ENTERPRISES, INC.



Principal Place of Business

12202 WINDRIVER LANE #5
HUDSON FL 34667

Mailing Address

12202 WINDRIVER LANE #5
HUDSON FL 34667

24043548



MOORE

CR2E034 (11/03)

2. Principal Place of Business

18901 N. HWY 52

3. Mailing Address

18901 N. HWY 52

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LAND O LAKES, FL

City & State
LAND O LAKES, FL

4. FEI Number

59-3652206

Applied For

Not Applicable

Zip
34639

Country

Zip
34639

Country

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

CHANDRANI, SULEMAN
12202 WINDRIVER LANE #5
HUDSON FL 34667

Name

CHANDRANI, SULEMAN

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

18901 N. HWY 52

City

LAND O LAKES

FL

Zip Code
34639

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 X

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

X 4/13/04
DATE

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
VST
CHANDRANI, SULEMAN
12202 WINDRIVER LANE #5
HUDSON FL 34667 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SHAHBUDDIN, SIKANDER
12280 W SAMPLE RD
CORAL SPRINGS FL 33065 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/13/04
Date

813-996-5913
Daytime Phone #