

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90333 019 ***150.00

DOCUMENT # P00000055887 1. Entity Name INTERNATIONAL SHOW WAREHOUSE OF JACKSONVILLE #1, INC.					
Principal Place of Business 5290-2 NORWOOD AVE JACKSONVILLE, FL 32208			Mailing Address 911 E. OAKLAND PARK BLVD OAKLAND PARK, FL 33334		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04222004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 65-1013094	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MANZURUL, ISLAM 911 E. OAKLAND PARK BLVD OAKLAND PARK, FL 33334				Name MONIRUL HOSSEN Street Address (P.O. Box Number is Not Acceptable) 911 E. Oakland Park Blvd City Oakland Park FL Zip Code 33334	
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>Monirul Hossen</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		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	PD ISLAM, MANZURUL <input checked="" type="checkbox"/> Delete 1525 NW 3RD STREET SUITE 14 DEERFIELD BEACH, FL 33442		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ISLAM, MOHAMMED M <input type="checkbox"/> Delete 1525 NW 3RD STREET SUITE 14 DEERFIELD BEACH, FL 33442		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ISLAM MOHAMMED M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 911 E.Oakland Park Blvd Oakland Park, Fl-33334	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOSSEN, MONIRUL <input type="checkbox"/> Delete 1525 NW 3RD STREET SUITE 14 DEERFIELD BEACH, FL 33442		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOSSEN, MONIRUL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 911 E.Oakland Park Blvd Oakland Park, Fl-33334	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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		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		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>Monirul Hossen</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/26/2004 954-894-1916 Date Daytime Phone #		