


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000062075			
1. Entity Name AROOJ BUTT CORPORATION			
Principal Place of Business 6 WHISTLING DUCK CT. DAYTONA BEACH, FL 32119		Mailing Address 6 WHISTLING DUCK CT. DAYTONA BEACH, FL 32119	
2. Principal Place of Business — SAME ABOVE —		3. Mailing Address — SAME ABOVE —	
Suite, Apt. #, etc. <i>P</i>		Suite, Apt. #, etc. <i>P</i>	
City & State — AS ABOVE —		City & State — AS ABOVE —	
Zip 32119	Country	Zip	Country
6. Name and Address of Current Registered Agent BUTT, RAHEELA P 6 WHISTLING DUCK CT. DAYTONA BEACH, FL 32119		7. Name and Address of New Registered Agent Name <i>P</i> Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> Zip Code	
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: <i>Raheela P. Butt</i>		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	<i>D</i> BUTT, RAHEELA P. 6 WHISTLING DUCK CT. DAYTONA BEACH, FL 32119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>U00000132960</i> <i>04/27/04-80068-001 150.00</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>/</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>/</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>/</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>/</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Raheela P. Butt</i>		Date <i>April 18 2004</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	



04142004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3746674

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required