

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000077593

Entity Name: HARIDARSHAN CORP.

FILED
Feb 17, 2004
Secretary of State

Current Principal Place of Business:

503 WEST LANTANA ROAD
LANTANA, FL 33462

New Principal Place of Business:

Current Mailing Address:

503 WEST LANTANA ROAD
LANTANA, FL 33462

New Mailing Address:

FEI Number: 65-1027278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EMAM, ALI
503 WEST LANTANA ROAD
LANTANA, FL 33462

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: EMAM, ALI
Address: 503 W LANTANA RD
City-St-Zip: WEST LANTANA RD, FL 33462

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: EMAM, ALI
Address: 503 W LANTANA RD
City-St-Zip: LANTANA, FL 33462

Title: VP () Change (X) Addition
Name: HOQUE, MOHAMMAD M
Address: 503 W LANTANA RD
City-St-Zip: LANTANA, FL 33462

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALI EMAM

P

02/17/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date