

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000103352

FILED
Jan 08, 2004
Secretary of State

Entity Name: IMART TRADING, INC.

Current Principal Place of Business:

PALM AIRE PLAZA(1ST FLOOR) 2700 W
ATLANTIC BLVD, STE 200-27
POMPAÑO BEACH, FL 33069

New Principal Place of Business:

2700 W. ATLANTIC BLVD.
STE 200-27
POMPAÑO BEACH, FL 33069

Current Mailing Address:

14640 S.W 176 TERRACE
MIAMI, FL 33177

New Mailing Address:

1607 SW 108 WAY
DAVIE, FL 33324

FEI Number: 65-1061326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AKHTERUZZAMAN KHAN, MD
14640 S.W 176 TERRACE
MIAMI, FL 33177 US

Name and Address of New Registered Agent:

AKHTERUZZAMAN KHAN, MD
1607 SW 108 WAY
DAVIE, FL 33324 US

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:

01/08/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AKHTERUZZAMAN KHAN, MD
Address: 14640 S.W 176 TERRACE
City-St-Zip: MIAMI, FL 33177

Title: T () Delete
Name: AKHTER, TASLIMA
Address: 14640 S.W 176 TERRACE
City-St-Zip: MIAMI, FL 33177

Title: S () Delete
Name: KHAN, AFROZA AKHTAR
Address: 14640 S.W 176 TERRACE
City-St-Zip: MIAMI, FL 33177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MD A. KHAN

P

01/08/2004

Electronic Signature of Signing Officer or Director

Date