

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90003 007 ***150.00

DOCUMENT # P01000018388

1. Entity Name

AROMA INTERNATIONAL, INC.



Principal Place of Business

950 S KANNER HWY #706
STUART FL 34994

Mailing Address

950 S KANNER HWY #706
STUART FL 34994

2. Principal Place of Business

950 S. KANNER HWY

Suite, Apt. #, etc.

706

3. Mailing Address

950 S. KANNER HWY

Suite, Apt. #, etc.

706

City & State

STUART, FL

City & State

STUART, FL.

4. FEI Number

65-1093073

Applied For

Not Applicable

Zip

34994

Country

MAINE USA

Zip

34994

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEHTA, LALITRAY
950 S KANNER HWY #706
STUART FL 34994

7. Name and Address of New Registered Agent

Name

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

City

FL

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

LALITRAY MEHTA

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MEHTA, LALITRAY	
STREET ADDRESS	950 S KANNER HWY #706	
CITY-ST-ZIP	STUART FL 34994	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MEHTA, PRITI	
STREET ADDRESS	950 S KANNER HWY #706	
CITY-ST-ZIP	STUART FL 34994	
TITLE	T	<input type="checkbox"/> Delete
NAME	MEHTA, SHAKUNTALA	
STREET ADDRESS	950 S KANNER HWY #706	
CITY-ST-ZIP	STUART FL 34994	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

LALITRAY MEHTA (PRESIDENT) 4/19/04

(772) 221 0588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #