


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90031 026 \*\*\*158.75

<b>DOCUMENT # P01000030235</b>	
<b>1. Entity Name</b> ASOKA BALI INCORPORATED	

<b>Principal Place of Business</b> 1408 NE 26TH ST FORT LAUDERDALE FL 33305	<b>Mailing Address</b> 1408 NE 26TH ST FORT LAUDERDALE FL 33305
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MOORE CR2E034 (11/03)

<b>2. Principal Place of Business</b> 1408 N.E. 26 ST Suite, Apt. #, etc. WILTON MANORS City & State FLORIDA Zip 33305 Country BROWARD	<b>3. Mailing Address</b> 1408 N.E. 26 ST Suite, Apt. #, etc. WILTON MANORS City & State FLORIDA Zip 33305 Country BROWARD
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<b>4. FEI Number</b> 65-1086448	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> WESTBROOK, PARRIS L 1955 THIRD STREET VERO BEACH FL 32962
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<b>7. Name and Address of New Registered Agent</b> Name: MARIE M. CARTWRIGHT Street Address (P.O. Box Number is Not Acceptable) 1408 NE 26 ST. City: WILTON MANORS FL Zip Code: 33305
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<b>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.</b> SIGNATURE: <i>Marie M. Cartwright</i> MARIE M. CARTWRIGHT D/S 1-27-04 (NOTE: Registered Agent signature required when reinstating) DATE
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<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARTWRIGHT, THOMAS P 1725 NE 26 AVE FT LAUDERDALE FL 33305 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD Christopher Cartwright <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2609 NE 26 ST. WILTON MANORS, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WESTBROOK, PARRIS L 1955 THIRD STREET VERO BEACH FL 32962 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARIE M. CARTWRIGHT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1408 NE 26 ST WILTON MANORS, FL 33305
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
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

<b>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.</b>	
<b>SIGNATURE</b> <i>Marie M. Cartwright</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>DATE</b> 1-27-04 <b>DAYTIME PHONE #</b> 954-564-4021