

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90087 032 ***150.00

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02022005 Chg-P CR2E034 (10/03)

DOCUMENT # P01000048662 1. Entity Name LAKE WORTH STATION INC.					
Principal Place of Business 6323 LAKE WORTH RD LAKE WORTH, FL 33463			Mailing Address 6323 LAKE WORTH RD LAKE WORTH, FL 33463		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1102059	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HASAN, MUHAMMAD S 6216 MISTY MORN WEST PALM BEACH, FL 33417				7. Name and Address of New Registered Agent HAROON SARKER 5576, BOYNTON BLVD BOYNTON BCH FL 33437	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <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	PSTD SAGAR, ALAN 6323 LAKE WORTH RD LAKE WORTH, FL 33463		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HAROON SARKER 6323 LAKE WORTH RD LAKE WORTH - FL 33463	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAROON, SARKER 6323 LAKE WORTH RD LAKE WORTH, FL 33463		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: _____ <small>SIGNATURE AND TYPED, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 02/04/05 Daytime Phone: CE11-561-704-3915 Stomc 961-439-5547 201-964-7536		