



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90040 047 \*\*\*150.00

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>DOCUMENT # P01000051340</b><br>1. Entity Name<br><b>ALMO INVESTMENTS, INC.</b>   |  |   |  |   |  |
| Principal Place of Business<br><b>7203 CATAMARAN DR.<br/>ORLANDO, FL 32835</b>  |  |   | Mailing Address<br><b>7203 CATAMARAN DR.<br/>ORLANDO, FL 32835</b>   |  |  |
| 2. Principal Place of Business<br><b>148 PACIFIC AVE</b>  |  | 3. Mailing Address<br><b>148 PACIFIC AVE</b>  |  | <br><br>02082004    Chg-P    CR2E034 (10/03) |  |
| Suite, Apt. #, etc.<br><b>CLERMONT</b>  |  | Suite, Apt. #, etc.<br><b>CLERMONT</b>  |  |  |  |
| City & State<br><b>FL</b>   |  | City & State<br><b>CLERMONT FL</b>  |  |  |  |
| Zip<br><b>34711</b>   |  | Zip<br><b>34711</b>   |  |  |  |
| Country<br><b>USA</b>   |  | Country<br><b>USA</b>   |  | 4. FEI Number<br><b>59-3720450</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |  |   |  |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SUKHU, FAZIA<br/>7203 CATAMARAN DR.<br/>ORLANDO, FL 32835</b>   |  |   | 7. Name and Address of New Registered Agent<br>Name <b>EDUL MOHAMED</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>148 PACIFIC AVE.</b><br>City <b>CLERMONT</b> <b>FL</b> Zip Code <b>34711</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.<br><br>SIGNATURE <u><b>RAFFEE SUKHU</b></u> <u><b>Edu Mohamad</b></u> <u><b>2/9/04</b></u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |  |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>SUKHU, RAFFEE<br>7203 CATAMARAN DR.<br>ORLANDO, FL 32835 | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>MOHAMED, EDUL<br>420 CUTTER CT.<br>ORLANDO, FL 32830     | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>MOHAMED, ESAU<br>2815 RIPTON CT<br>ORLANDO, FL 32835     | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>MOHAMED, BADRUL<br>2815 RIPTON CT<br>ORLANDO, FL 32825    | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>MOHAMED, NAZEMA<br>420 CUTTER CT<br>ORLANDO, FL 32830     | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>SUKHU, FAZIA<br>7203 CATAMARAN DR.<br>ORLANDO, FL 32835   | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>EDUL MOHAMED<br>148 PACIFIC AVE<br>CLERMONT, FL 34711    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>NAZEMA MOHAMED<br>148 PACIFIC AVE<br>CLERMONT, FL 34711   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |  |
| 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: <u><b>Edu Mohamad</b></u> <u><b>2/9/04</b></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>   |  |   |  |  |  |