


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000109873	
1. Entity Name BHAGY'S SERVICES, INC.	

Principal Place of Business 6618 STARDUST NORTH LAUDERDALE, FL 33068	Mailing Address 6618 STARDUST NORTH LAUDERDALE, FL 33068
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01262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0028404	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BHAGWANDEEN, PRAMNATH
6618 STARDUST
NORTH LAUDERDALE, FL 33068**

**DO NOT WRITE
IN THIS SPACE**

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

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000032951
02/05/04-80024-003 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BHAGWANDEEN, RAJNAUTH 39 S. CORTEZ DR. MARGATE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELOIAN, RAWTIE 39 S. CORTEZ DR. MARGATE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BHAGWANDEEN, PRAMNATH 6618 STARDUST NORTH LAUDERDALE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELOIAN, KENNETH JR 39 S. CORTEZ DR. MARGATE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BHAGWANDEEN, SUZANNE D 39 S. CORTEZ DR. MARGATE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

PRAMNATH BHAGWANDEEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-2-2004 954-979-3854