

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90012 029 ***150.00

DOCUMENT # P01000110957

1. Entity Name
EAST AVENUE, INC.



Principal Place of Business
**7301 MIAMI LAKES DR
MIAMI LAKES, FL 33014**

Mailing Address
**7301 MIAMI LAKES DR
MIAMI LAKES, FL 33014**

44023372



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02192004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-1155746

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UDDIN, MOHAMMED
12874 BISCAYNE BLVD.
N. MIAMI, FL 33181**

Name
UDDIN, MOHAMMED

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

**7301 MIAMI LAKES DR
MIAMI LAKES FL 33014**

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SOOD, SANJAY
3556 S.W. 173RD WAY
MIRAMAR, FL 33029** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
UDDIN, MOHAMMED
12874 BISCAYNE BLVD.
N. MIAMI, FL 33029** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
UDDIN, MOHAMMED
15720 BULL RUN ROAD # 478-H
MIAMI LAKES, FL 33014** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
HOSSAIN, MOHAMMAD B
7301 MIAMI LAKES DRIVE
MIAMI LAKES, FL 33014** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: *[Signature]* **PRESIDENT**

3/3/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #