

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90019 036 \*\*\*158.75

**DOCUMENT # P01000121261**

1. Entity Name

AMBIANCE INTERIOR PLANTS, INC.

AMBIANCE PLANTS NURSERY, INC.



Principal Place of Business

8271 1ST LN S  
WEST PALM BEACH FL 33411

Mailing Address

8271 1ST LN S  
WEST PALM BEACH FL 33411

54023065



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 80-0021405

Applied For

Not Applicable

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

ALICEA, MARIA  
8271 1ST LN S  
FORT MYERS FL 33911

Name MAHMOOD ANWAR

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

8271 1ST LANE S.

City WEST PALM BEACH

FL

Zip Code 33411

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 *N. Mahmood Anwar*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/22/2004

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004. Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

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 P  
NAME ALICEA, MARIA  
STREET ADDRESS 8271 1ST LN S  
CITY-ST-ZIP WEST PALM BEACH FL 33411 ☒ Delete

TITLE *PRESIDENT*  
NAME MAHMOOD ANWAR  
STREET ADDRESS 8271 1ST LANE S.  
CITY-ST-ZIP WEST PALM BEACH, FL 33411 ☒ Change ☐ Addition

TITLE VP  
NAME ANWAR, MAHMOOD  
STREET ADDRESS 8271 1ST LN S  
CITY-ST-ZIP WEST PALM BEACH FL 33411 ☐ 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

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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:

*N. Mahmood Anwar* (MAHMOOD ANWAR) 3/23/2004 (561) 242-0222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #