



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000001088 1. Entity Name ORIENTAL EXTRAVAGANZA, INC.		
Principal Place of Business 7006 ATLANTIC BLVD. JACKSONVILLE FL 32211-8706		Mailing Address 7006 ATLANTIC BLVD. JACKSONVILLE FL 32211-8706
2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt. #, etc	 1st MOORE CR2E034 (10/04)
City & State Zip Country	City & State Zip Country	4. FEI Number 13-4239963 Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HANNA, KAREEM 7006 ATLANTIC BLVD. JACKSONVILLE FL 32211-8706		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: DPST <input type="checkbox"/> Delete NAME: HANNA, KAREEM STREET ADDRESS: 7006 ATLANTIC BLVD. CITY - ST - ZIP: JACKSONVILLE FL 32211-8706	000000217976 02/07/05-80046-010 150.00	
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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: <i>Kareem Hanna</i> NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR KAREEM HANNA, PRES		Date: 2-4-05 Daytime Phone #: 904 7216533