


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

04-19-2004 90414 044 ***150.00

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DOCUMENT # P02000025233 1. Entity Name SATELLITE RADIO SPECIALISTS INC.			
Principal Place of Business 12224 SW 10 ST, SUITE 23 PEMBROKE PINES FL 33025		Mailing Address 12224 SW 10 ST SUITE 23 PEMBROKE PINES FL 33025	
2. Principal Place of Business 306 SW 191 ter Suite, Apt. #, etc. N/A City & State Pembroke Pines, FL Zip 33029 Country USA		3. Mailing Address 306 SW 191 ter Suite, Apt. #, etc. N/A City & State Pembroke Pines, FL Zip 33029 Country USA	
4. FEI Number 02-0558237		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		MOORE CR2E034 (11/03)	
6. Name and Address of Current Registered Agent BAHLAWAN, RAMAN 12224 SW 10 ST PEMBROKE PINES FL 33025		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 </div> </div>			
TITLE President, owner <input type="checkbox"/> Delete NAME BAHLAWAN, RAMAN STREET ADDRESS 12224 SW 10 ST CITY-ST-ZIP PEMBROKE PINES FL 33025-33029		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE <input type="checkbox"/> Delete NAME ELINA SAO (vice president) STREET ADDRESS 306 SW 191 ter CITY-ST-ZIP Pembroke Pines, FL 33029		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		04/16/04 <small>Date Daytime Phone #</small>	

Elina m. SAO