2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2004 8:00 am DOCUMENT*# P02000033451 Secretary of State 05-03-2004 91244 041 ***150.00 TAMPA BAY REAL ESTATE SERVICES INC. Principal Place of Business Mailing Address 830 W KENNEDY BLVD, STE 101 830 W KENNEDY BLVD, STE 101 TAMPA, FL 33606 TAMPA, FL 33606 2. Principal Place of Business 3. Mailing Address 2470 7420 Bay Suite, Apt. #, etc. Suite, Apt. #, etc 04282004 CR2E034 (10/03) Cha-P 116 City & State City & State 4. FEI Number Applied For F١ am 03-0406212 Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired tilli<u>sbru</u> Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DVANI ADVANI, DEEPAK Street Address (P.Q. Box Number is Not Acceptable) 830 W KENNEDY BLVD, STE 101 **TAMPA, FL 33606 VCYVIてW** 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE ☐ Delete TITLE ADVANI DEEPAK NAME ADVANI, DEEPAK NAME 830 W KENNEDY BLVD, STE 101 3516 Osprey Love das STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE **TAMPA, FL 33606 VD** Delete TITLE ☐ Change ☐ Addition TID F NAME CHHABRIA, SHAM K NAME STREET ADDRESS 830 W KENNEDY BLVD, STE 101 STREET ADDRESS CITY - ST - ZIP **TAMPA, FL 33606** CITY-ST-ZIP TITLE D Delete TITLE ☐ Change Addition NAME NARSI, VADILAL STREET ADDRESS 830 W KENNEDY BLVD, STE 101 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA, FL 33606** ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change Addition Defete TITLE TITLE NAME NAME

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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

}13-639-0200

FILED