
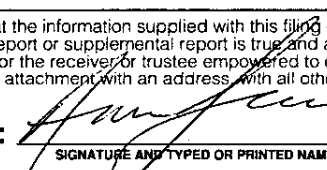


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90049 047 \*\*\*150.00

<b>DOCUMENT # P02000035873</b> 1. Entity Name <b>AMYN LAKHANI OF FLORIDA, INC.</b>					
Principal Place of Business <b>10360 NW 13TH MANOR CORAL SPRINGS FL 33071</b>			Mailing Address <b>10360 NW 13TH MANOR CORAL SPRINGS FL 33071</b>		
2. Principal Place of Business <b>4900 N. STATE ROAD 7</b>		3. Mailing Address <b>4900 N. STATE ROAD 7</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>TAMARAC, FLORIDA</b>		City & State <b>TAMARAC, FLORIDA</b>			
Zip <b>33319</b>		Country <b>BROWARD</b>		Zip <b>33319</b>	
Country <b>BROWARD</b>		4. FEI Number <b>04-3648786</b>			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LYON, JAMES B ESQ 1881 UNIVERSITY DRIVE STE 206 CORAL SPRINGS FL 33071</b>			7. Name and Address of New Registered Agent Name <b>LYONS, JAMIS B ESQ</b> Street Address (P.O. Box Number is Not Acceptable) <b>3300 UNIVERSITY DRIVE, SUITE 802</b> City <b>CORAL SPRINGS</b> <b>FL</b> Zip Code <b>33065</b>		
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 reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2004 Fee will be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 55%;">         9. Election Campaign Financing          Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees       </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAKHANI, AMYN 10360 NW 13TH MANOR CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAKHANI, AMYN 4900 NORTH STATE ROAD 7 TAMARAC, FL 33319	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			2/16/04 (954) 730-9008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		