

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000043984

1. Entity Name

TREASURE COAST WEST, INC.



Principal Place of Business

7701 N.W. 62ND WAY  
PARKLAND, FL 33067

Mailing Address

7701 N.W. 62ND WAY  
PARKLAND, FL 33067



04142004 No Chg-P CR2E034 (10/03)

4. FEI Number

01-0675213

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

HAQUE, ARIFUL  
7701 N.W. 62ND WAY  
PARKLAND, FL 33067

**DO NOT WRITE  
IN THIS SPACE**

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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000130203

04/26/04-80109-010 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
DPS  
HAQUE, ARIFUL  
STREET ADDRESS  
7701 N.W. 62ND WAY  
CITY-ST-ZIP  
PARKLAND, FL 33067

TITLE  
NAME  
DVP  
MANNAN, MOHAMMED A  
STREET ADDRESS  
712 CAROLINE STREET  
CITY-ST-ZIP  
KEY WEST, FL 33040

TITLE  
NAME  
T  
ARIF, KHADIJA A.D.  
STREET ADDRESS  
7701 N.W. 62ND WAY  
CITY-ST-ZIP  
PARKLAND, FL 33067

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/04

Date

Daytime Phone #